Institutions as Perpetrators: Power and Political Violence in Responses to Rape

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How and why do attempts to remedy sexual violence fail survivors so profoundly? In industrialized democracies, government consensus that rape is something to combat has done little to reduce its prevalence. A rich corpus of literature in political science focuses on the causes and consequences of public violence while ignoring private violence altogether. In states that identify as leaders on gender equality, how does this failure to effectively respond to sexual violence unfold? We build on a wealth of feminist scholarship to advance a simple claim, worthy of urgent attention from scholars of political violence. Through formal and informal institutions, states routinely perpetrate violence, upholding structures of gendered, classed, and racialized domination and oppression. We show how legal, medical, and family systems perpetrate violence by reimposing rather than challenging patriarchal power in their interactions with survivors. By *denying* survivors' experiences, *dehumanizing* their survival, and *subjugating* them in their efforts to seek care, legal, medical, and family systems refuse survivors and other feminized populations autonomy, power, and control over their own lives and bodies. These practices enact violence by recreating the embodied experiences and power dynamics present in acts of sexual violence. We join a chorus of feminist scholars to argue that understanding how institutions perpetrate violence after rape is critical for understanding broader power relations in society.

In industrialized democracies with high state capacity, government consensus that rape is something to resolve has done little to reduce its prevalence. The government of the United Kingdom estimates that one in four women and one in 20 men have survived rape or sexual assault since the age of 16, and one in six children experience sexual abuse (ONS 2022).[1] Yet despite decades of activism and legislation geared toward its prevention and remedy,

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support for survivors[2] remains so poor that a UK government review admitted that pursuing justice was "as bad, or worse, than sexual violation itself."[3]

How and why have efforts to remedy sexual violence in states that identify as leaders on gender equality failed so dramatically? How does this failure to respond to sexual violence unfold? And what does it reveal about politics? We bring a wealth of feminist scholarship into conversation with literature in political science to advance a simple claim: states routinely perpetrate violence through formal and informal institutions in ways that are worthy of attention from scholars of political violence. By projecting power over survivors and refusing them autonomy and control over their own lives and bodies, institutions impose subjugating hierarchies that recall the power dynamics present in sexual assault. These dynamics produce embodied experiences of violence, by which we mean its tangible, physical effects for individual subjects. As has long been argued by feminist, sociolegal, and critical race scholars, understanding how institutions perpetrate this violence, alongside who is most affected, should be central to the discipline's understanding of political violence.

Using the case of the UK, we thus make two core interventions to political science. First, we posit that the discipline has often failed to adequately comprehend how institutions perpetrate violence. While scholars of race, ethnicity, and gender have long theorized the harm inflicted

by state institutions on marginalized communities (e.g., Davis 2003; Fraser 1994; Richie 2012; Wacquant 2000; Weaver and Lerman 2010), the aspiration that institutions can nonetheless offer protections to those communities prevails within the mainstream of the discipline (North, Wallis, and Weingast 2009; Rothstein and Teorell 2008).[4] Moreover, while legal systems have garnered ample critique for reflecting broader power relations in society (Dahl [1961] 2005; Kennedy 1982; Rosenberg 2008; Santos 2002), analogous dynamics in medical and family systems have often gone uninterrogated.

Bringing legal, medical, and family institutions together, we build on Wendy Brown's (1995, 169) provocation that "whether one is dealing with the state, the Mafia, parents, pimps, police, or husbands, the heavy price of institutionalized protection is always a measure of dependence and agreement to abide by the protector's rules." Hierarchical relationships present in formal and informal institutions permit those occupying positions of dominance to exercise power—and violence—legitimately (in the form of punishing transgressions of established rules), and with impunity (by [ab]using power without consequence), even in acts of supposed care.[5] Such an architecture reifies distinctions between those tasked with protection and those in need of protect*ing*, removing agency from survivors, permitting decisions in their supposed "best interests" or without need for their input, and reimposing the loss of control characteristic of violence itself.

We show how survivors in the UK experience sites of supposed care *as* sites of violence. Since rape and sexual assault constitute violations of bodily autonomy, usurping survivors' control over their own bodies, decisions, or paths to repair mirror aspects of the original abuse (Brown 1992; Bumiller 2008; Campbell et al. 2001; Martin and Powell 1994). Additionally, hierarchies among groups of survivors mean that those at the intersections of different marginalized identities usually meet the worst responses. We synthesize insights made repeatedly by feminist scholars (Brownmiller 1976; hooks 2000; Lorde [1979] 2018; MacKinnon 1989), yet often overlooked in political science, to show how feminist theories of gendered hierarchy offer a framework to make sense of these patterns (Butler 2021; MacKinnon 1989; Srinivasan 2022; Young 2003). We weave these theories with insights from political violence scholarship on repertoires and mechanisms (Wood 2018) to explore how mechanisms of *denial*, *dehumanization*, and *subjugation* function to enact institutionally perpetrated violence.

Second, and relatedly, we seek to bring political science in line with other disciplines that have for decades understood "private" and intimate violence as deeply political (e.g., Hanisch 1970; MacKinnon 1989; Navarro 2001; Pateman 1988; Redstockings 1970; Sweet 2019). As a discipline, political science has devoted considerable attention to the causes and consequences of public violence

while generally relegating the study of sexual violence in the Global North to other fields. A rich corpus of scholarship explores how and why sexual violence unfolds in war (Cohen 2016; Cohen and Nordås 2014; Wood 2006; 2009). Additional work focuses on intimate partner violence in the Global South (Britton 2020; Jassal 2020; Lindsey 2022; Malik 2020). Yet an overview of articles published in the top political science research journals reveals little on whether and how we should think about the politics and prevalence of nonconflict rape and its responses in industrialized Global North democracies.[6] Given its prevalence, sexual violence data limitations are an insufficient justification for the lacuna in political science research on this topic.[7] Indeed, a disciplinary emphasis on sexual violence in war and/or the Global South risks reinscribing problematic tropes that portray sexual violence as endemic to some societies and aberrant in others (e.g., Abu-Lughod 2002; 2015; Gray 2019; Mohanty 1984; Mutua 2001).

Yet scholars of political violence working at the center of the discipline offer us inroads for understanding how patterns of violence—whether coordinated or not—should be understood as "practice," by virtue of widespread prevalence, the stark failure of remedy and prevention, and the power dynamics that shape who is most affected (Kalyvas 2003; 2019; Wood 2018). We extend these insights on what constitutes political violence, identifying the prevalence of sexual violence and its corresponding response failures as tacit, if not explicit and intentional, state-based toleration. These insights are applicable not only during war and worthy of scrutiny by political scientists.

Our analysis, therefore, reveals a fundamental tension between institutional hierarchy, on the one hand, and equality and freedom, on the other (Brown 1995). Without accounting for these politics, or exposing the populations who disproportionately bear their costs, political science normalizes repertoires of violence perpetrated by ostensibly impartial institutions.

To advance these claims, we build on a rich methodological tradition in feminist international relations (e.g., Ackerly and True 2010; Behl 2017; Hawkesworth 2006; Tickner 2006) and participatory action research (Craven and Davis 2013; Kindon, Pain, and Kesby 2007; Sudbury and Okazawa-Rey 2015) to argue that participatory feminist ethnography grounded in practices of empathy, congruence, and unconditional positive regard permits unparalleled insights into how institutions perpetrate violence—and how that violence is experienced by survivors—that other methods obscure. We use three years of immersive service work, alongside 10 original oral history interviews and four online archives housing survivor testimonies, to evidence our arguments. We build on recent insights in political science (Parkinson 2022; Pearlman 2023) to emphasize how the bureaucracy—and distancing—of many research forms can produce paternalistic and

subjugating dynamics reminiscent of the very dynamics we study.

Upholding (Gendered) Hierarchy: The Systematic Omission of Private Violence from Political Violence Research

Sexual and gender-based violence is systematic and widespread. According to the UK Office for National Statistics (ONS), 50% of police-reported rapes occur within intimate relationships (ONS 2022). The judicial system's responses fail to provide remedy in most instances. In 2019, 55,259 rapes were reported to the UK police, yet charges were brought in only 1,659 of these cases (Handy and Rowson 2023). Myriad barriers to reporting mean incidents are likely much higher. Despite this, political science has not considered everyday sexual violence outside conflict to be a political phenomenon. This omission is puzzling, given rape's prevalence and intractability (Enloe 2014; 2016; Tickner 2006). As other disciplines (e.g., sociology, psychology, criminology) have long recognized, stark institutional failings in the provision of remedy and repair are worthy of scholarly attention precisely because ubiquitous and unremedied sexual violence preserves a political, social, and economic order that upholds gendered (and other) oppression.

The depoliticization of sexual violence serves a specific purpose: upholding an equilibrium that subjugates disempowered groups in society.[8] Exploring how existing models of familial, medical, and legal responses to sexual violence fail survivors leads us to understand these routine failures as perpetration in two distinct ways. First, we show how mechanisms of *denial*, *dehumanization*, and *subjugation* reinscribe power dynamics present in the original abuse. Second, we show that usurping survivors' control over their own lives and bodies produces *embodied* experiences of violence in efforts to seek support. This contribution incorporates two distinct bodies of literature that are too rarely in conversation: political science scholarship on violence and feminist theories of gendered domination. The field of political violence has rarely incorporated widespread private violence, which we understand as "practice" (Wood 2018, 515). In identifying the mechanisms through which institutions perpetrate and their embodied effects, we position our theoretical contribution at the intersections of these two fields.

Situating Private Violence as Political Violence

There is a large and ever-growing body of scholarship in political science on "political violence" (Besley and Persson 2011; Cohen and Nordås 2014; Fujii 2021; Gutiérrez-Sanín and Wood 2017; Kalyvas 2006; 2019; Kalyvas and Strauss 2020). Definitionally, political violence is understood as violence perpetrated by organizations, institutions, or political actors; violence between insurgents

and governments; or as one-sided government repression, targeted killings, or other infringements of human rights.[9]

Political violence scholarship occasionally includes violence perpetrated for private, individual motives as part of a broader political pattern of subjugation (Kalyvas 2003, 486; Wood 2018). We invoke Wood (2018), alongside a vast body of feminist scholarship (e.g., Brownmiller 1976; Cockburn 2004; Hanisch 1970; MacKinnon 1989; Moser 2001; Pateman 1988; Redstockings 1970), to suggest that violence perpetrated in the private sphere represents a broader political pattern of subjugation and cannot, therefore, be excluded from political analyses. We understand this violence as "practice." Wood (2018, 514–15) defines practice as "a form of violence that is driven from "below" and tolerated from "above," rather than violence that is purposefully adopted as policy. Wood writes, "When rape is a practice, commanders do not order, authorize, or otherwise promote it—but neither do they effectively prohibit it." (515). By Wood's definition, this category includes not only opportunistic rape (for private, individual motives) but also rape driven by social interactions (in her scholarship, among combatants). Extending this definition beyond war, we understand sexual violence perpetrated for private, individual motives, *including* violence that occurs within the household and between intimate partners outside war, *as* political, by virtue of its wide prevalence, the stark failure of efforts to respond to it effectively, and the power dynamics present in who is most affected. At the very least, we understand these failures as tacit, if not explicit and intentional, state-based toleration.

Institutions as Perpetrators

In addition to understanding private violence and its response failures as political, we also understand institutions to be perpetrators of violence. Specifically, we understand the treatment of survivors by formal and informal institutions *as* political violence, both as a function of the populations most affected and the embodied experiences they create.

What are the mechanisms through which institutions perpetrate violence? Building on insights from political science that delineate mechanisms and repertoires, we show how *denying* survivors' experiences, *dehumanizing* their survival, and *subjugating* them by refusing survivors control over their own lives and bodies reinscribe power dynamics present in sexual abuse to produce embodied experiences of violence. This is related to but distinct from retraumatization; beyond simply forcing survivors to relive the trauma of past abuse, institutions enact violence anew, producing similar embodied (physical, psychological, and emotional) responses and reactions as are produced by sexual violence itself. Exposing this violence, alongside its widespread societal acceptance, reveals institutions as

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perpetrators of political violence in ways that demand urgent attention from political scientists.

The failings of legal systems as appropriate venues for responding to rape are well documented (Campbell 1998; 2005; 2008; Campbell and Bybee 1997; Gilmore 2007; Martin [2005] 2013, Richie 2012). Despite decades of rape law reform, criminal justice institutions preserve various archaic and patriarchal practices that leave survivors disempowered within systems that assume the innocence of the perpetrator (Corrigan 2013; Matthews [1994] 2005; McGlynn and Munro 2010). Yet while scholars of American politics now recognize how legal institutions uphold and legitimate racialized state violence (Alexander 2010; Murakawa 2014; Weaver and Lerman 2010), political science as a discipline has too often discounted the ways that legal institutions themselves emerge as perpetrators, working in tandem with other formal and informal institutions to uphold dynamics of (gendered) subjugation (Bumiller 2008; Davis et al. 2022; Matthews [1994] 2005).

Legal, medical, and family systems represent deeply divergent approaches to responding to rape. What sense does it make to trace similarities across them? We build on decades of feminist scholarship to evidence how their hierarchical structures render subjugated identity groups vulnerable (Sweet 2019; 2021; Young 2003). Positioning authorities atop these systems ensures that those occupying subjugated positions are dependent on the hierarchy for protection and care. Those in positions of dominance can therefore exercise violence legitimately (in a disciplinary capacity and according to established rules) and illegitimately (without consequence or accountability). A point of synergy across otherwise diverse institutions, therefore, is the reification of distinctions between those tasked with protection and those in need of protect*ing* (Brown 1995; MacKinnon 1983; 1989; Young 2003). We follow Brown (1995, 27; see also Brown 1992; Lorde [1979] 2018; Sjoberg 2009; Stiehm 1982) in identifying how the positioning of patriarchal or state-based institutions as neutral arbiters of violence rather than actors vested with the power to injure "legitimizes law and the state as appropriate protectors against injury and casts injured individuals as needing such protection by such protectors." This architecture ensures that appropriate remedies can be determined on survivors' behalf, without need or respect for their input, thereby reimposing the loss of control characteristic of violence itself.

Legal, medical, and family systems, the institutions most commonly tasked with responding to rape, perpetrate violence by recreating the power dynamics that were responsible for harm in the first place, denying survivors power, control, or bodily autonomy after rape (Brown 1992; 1995; Lorde [1979] 2018; MacKinnon 1983; 1989; Pateman 1988; Sweet 2019; 2021). It is the ubiquity of these responses, the legitimacy that they wield across society, and their perceived neutrality that makes

the violence we document here so relevant for the discipline of political science.

We identify three concrete mechanisms through which the power dynamics present in sexual violence surface for survivors seeking support after rape. First, we show how institutions *deny* some survivors' experiences altogether, by refusing to acknowledge that a nonconsensual violation of their bodily autonomy has occurred. A historical focus on narrowly defined evidence of "damage" positioned some bodies as property, demanding physical evidence of spoilage to show harm.[10] Property rights frameworks laid the foundations for patterns of denial in current responses to rape, suiting a tendency to deny that violence has occurred when survivors cannot offer the right kind of evidence to prove they have been harmed.

Second, where violations *are* acknowledged to have occurred, we show how some survivors are positioned as deserving of the harms that they have suffered, by virtue of their social positioning, their perceived (un)chastity, or other forms of *dehumanization.* Historically, some survivors were positioned as deserving of care while others were not. The construction of the "worthy" survivor enables various maneuvers that help to explain contemporary responses to sexual violence (Butler 2021). Hiding response failure behind responding to some survivors some of the time, and co-opting members of disempowered social groups into positions where they have an interest in policing the hierarchy for fear of slipping down into more subjugated positions, help to explain differential responses to different types of survivors (Richie 2012).

Third, and perhaps most visibly, we show that *even* when harms are acknowledged *and* deemed worthy of response or intervention, legal, medical, and family systems nonetheless consistently *subjugate* survivors through a pretense at remedy or under the guise of care that usurps survivors' control over their own bodies or paths to repair. In doing so, these institutions undermine the bodily autonomy of survivors and reinscribe aspects of violence present in the original abuse.

A now burgeoning contemporary scholarship identifies the institutional classism and racism embodied in the state and enacted through its institutions, calling attention to the ways that systems of law, policing, education, healthcare, and housing uphold social and economic hierarchies (Alexander 2010; Bhattacharyya 2018; Bright et al. 2022; Hall et al. 1978; Kennedy 1982). In such narratives, the preservation of multiple forms of intersecting inequalities is integral to maintaining social order, wherein a dominant class relies on subjugated classes for cheap labor and elevated social status. To sustain this social order, subjugated classes are frequently otherized, providing a logic to underpin this social hierarchy. Given that sexual and gendered violence persists as a function of hierarchical gender relationships (wherein women and others whose identities are feminized assume lower-value positions in

the household and in society; see Cockburn 2004; Dillon 2010; Montoya and Agustín 2013; Moser 2001; Navarro 2001; Peterson 2007; Shepherd 2009; Tickner 1992), we perceive racialized, gendered, classed, and other hierarchies as constitutive of one another. As scholars of intersectionality have long taught us, socially ascribed inferiority helps both to legitimize and make sense of divergent treatment for different social classes and groups, serving as a mechanism of social control (Collins 2017; Crenshaw 1991; Fagan and Ash 2017; Hadden 2003; Murakawa 2014; Vitale 2017). The gendering—and othering—of low-status and often racialized populations who are both uniquely vulnerable to violence and frequently framed as deserving of that violence reveals an undergirding logic of domination along which patriarchy is just one axis of oppression.

The systematic perpetration of institutional violence documented here is therefore clearly compounded for those occupying identities at the intersections of different marginalized identities. Moreover, those facing particular struggles—for example, racialized policing, a lack of legal status, or institutional transphobia—are subject to particular experiences in the pursuit of care that are not generalized to other populations. Practitioners, researchers, and scholars have documented the lethal effects of patriarchy and institutional racism in the fields of medical and psychosocial care, evidencing how the pain and suffering of some communities is taken more seriously than that of others (Williams and Wyatt 2015). We draw on this rich literature to show how the mechanism of *dehumanization*, which designates some survivors as worthy of remedy and others as deserving of harm, serves to amplify the violence experienced by differently positioned survivors in their efforts to seek support after rape.

However, the violence we document in this article differs slightly from more classical definitions of structural violence, which invoke the idea that embedded social structures or institutions inflict harm by preventing people from meeting their basic needs (Galtung and Höivik 1971).[11] We make a slightly more targeted intervention. While social exclusion certainly shapes these patterns, our operationalization of violence focuses on its embodied *effects*, by which we mean its tangible, physical manifestation for individual subjects (Conboy, Medina, and Stanbury 1997; Mensch 2008). We are principally interested in parallels between the embodied experience of sexual violence and embodied experiences of institutional responses to it from the perspectives of survivors (Rogers 1959; Sikka 2023; Wade 1971).[12] The embodied effect of violence as the destruction and erosion of someone's ability to make sense of their world as a result of a particular experience or interaction is related to but somewhat narrower than societal disenfranchisement targeting particular social groups (Das et al. 2000; Farmer 1996).

Studying Sexual Violence: Participatory Feminist Ethnography

Here we provide a roadmap to our methodological approach. We draw on three primary data sources to advance the arguments put forward in this article. First, we use participatory feminist ethnography, providing emotional support to survivors of sexual violence of all genders in England and Wales for three years through anonymous 40-minute sessions. Second, we conducted 10 original oral history interviews with individuals embedded in the specialist support service we worked with. Third, we use four existing online archives, housing testimony from survivors already in the public domain. We use these archives to relay themes that emerged from our participatory ethnography, enabling us to share experiences of survivors in their own words without breaching the confidentiality of those we supported. The use of existing online testimony allowed us to capture patterns we observed through our work, while mitigating the need to collect new data from survivors simply for the purposes of substantiating knowledge we had already built (see online appendix C).

Our starting point thus flowed from a four-month training followed by direct service provision to survivors on a weekly basis from 2021 to 2025. Providing emotional support to hundreds, if not thousands, of survivors in England and Wales for more than three years revealed both the violence of sexual violence response architecture and the challenges that social scientists face in studying private violence ethically. Participation as method gave us firsthand knowledge of the patterns through which legal, medical, and family systems so often create embodied experiences of violence by overriding survivors' control and bodily autonomy in ways that are reminiscent of the power dynamics present in sexual violence.

On first conceiving the project in 2023, we sought relevant permissions to begin an oral history project and to incorporate generalized insights gleaned from our experiences in academic publications.[13] Since we could not seek permission or consent from those we supported, we do not quote, provide examples, or draw directly from any encounters in our service work in our writing. Instead, we only reflect on the broader patterns that emerged from this work, using testimony already in the public domain to relay general patterns.

Our participatory approach drew inspiration from insights in political ethnography (Behl 2019; Schatz 2013; Wedeen 2009; 2010); analytic autoethnography (Behl 2017; Dauphinee 2010; Löwenheim 2010), participatory action research (Kindon, Pain, and Kesby 2007), and feminist standpoint theory (Haraway 1988; Harding 1992; 2004; Hartsock 1983). Underpinning our approach is an ethic of care (Bottici 2021; Held 2010; Tironi and Rodríguez-Giralt 2017; Tronto 1993; 1999; Vidale-Plaza

2023) that draws on anarchafeminist invitations (Cleyre 1907; [1903] 2012; Goldman 1911; Kornregger 2012) to recognize the role that epistemic and institutional hierarchies play in creating knowledge of violent social phenomena (Cho, Crenshaw, and McCall 2013; de Beauvoir [1953] 1989; Foucault [1970] 2005).

Private Violence: Power, Measurement, and Ethical Conduct in Feminist Research

What does it mean to generate rigorous and systematic knowledge of sexual violence and its response architecture from immersive service work? And how do we make sense of patterns that emerged from this work without jeopardizing its confidentiality or the integrity of our roles?

As researchers who have spent decades researching violence, the idea of conducting new research on private, intimate violence through conventional channels raised various flags. Moreover, conducting additional interviews with survivors simply to produce novel evidence of knowledge *already* amassed through deep service work seemed redundant and ethically fraught. The nature of sexual violence, as an act that exercises power and control over victims' bodies, renders research on this topic particularly susceptible to recreating power dynamics that at best alienate, and at worst harm, participants. Even within mainstream political science, researchers have acknowledged that the bureaucracy and formality that can creep into some interviewer–interviewee interactions can insert distance between the researcher and the researched in ways that amplify power disparities (Lake and Hartman 2023; Tickner 2006; Yanow and Schwartz-Shea 2008). This can be especially true when researchers place their expertise, institutional identities, and formal research protocols, rather than their shared humanity, on full display in the research process. Trauma specialists identify unpredictability, the loss of control, and the performance of hierarchy as key triggers for survivors of violence. Playing the "role" of the researcher can impose a hierarchy on research participants by enacting procedural formality. This might take the form of rigid and formulaic survey or interview questions (Parkinson 2022), or alienating consent procedures (Yanow and Schwartz-Shea 2008). These triggers might close down a survivor's decision-making space, or recall other dehumanizing or disempowering experiences involving confusion or a loss of control. Through these channels, survivors might produce similar emotional responses to the embodied experience of violence.

A researcher's blindness to these dynamics is a question of ethics *and* of measurement, especially when its politics go unacknowledged. Shutting down avenues of communication renders certain patterns invisible and undermines the quality of information generated. Moreover, such interactions can perpetuate epistemic hierarchies by obscuring the perspectives of those most marginalized by existing distributions of power (see appendix A and B for further details). On these points, Behl (2017) calls attention to two types of violence that research can perpetrate if not enacted with care: one on the researched in the course of representing violence, and the other on the researcher by forcing them to inhabit a particular professional identity (Dauphinee 2010; Doty 2004).

Ethics review boards have long sought to grapple with questions of power, yet especially for the most sensitive topics, tools available to political scientists prove limited (Bhattacharya 2014; Makhoul and Nakkash 2017; Parkinson 2022). The knowledge gaps that emerge from these power dynamics, alongside questions of how to do ethical research on violence, pushed us to interrogate what it would mean to embrace participation, solidarity, and empathy within our existing practice as method. We considered how our direct service provision, in combination with interpretive analysis, could generate rigorous, grounded, and ethical data on the politics of institutional violence.

Importantly, our approach underlined the critical place of empathy and human connection in interpreting and analyzing social dynamics. We follow a wealth of feminist and interpretivist research (Butler and Athanasiou 2013; Pearlman 2023; Vidale-Plaza 2023; Yanow and Schwartz-Shea 2008) in positing that it is empathy and connection that create the conditions for deep knowing. Our lived experience is that caring, empathetic, and congruent human interactions—in our case providing structured emotional support to survivors of sexual violence—fosters human connection and builds solidarity. It is these dynamics that generate openings for situated and experiential knowledge. Taking seriously the power and expertise of survivors, care for ourselves, and care for one another affords insights into patterns of violence that would be impossible to replicate through more distanced or hierarchical approaches.

Our commitment to this approach drew inspiration from several ongoing methodological conversations. Alongside feminist research, the traditions of political ethnography and analytic autoethnography emphasize how immersive participant observation can generate systematic information and situated knowledge about the social and political world.[14] We embraced participatory feminist ethnography for two reasons. First, because we foreground crucial insights from feminist standpoint theory (e.g., Haraway 1988; Harding 1992; Shepherd 2016) to shine a light on the foundational importance of situated knowledge, particularly when studying violent social phenomena. Second, our work diverges from more traditional political ethnography in that we did not enter the research site as researchers with the objective of collecting data, but rather as activists, service providers, and participants in a political project—in this case, providing emotional support to survivors.

Feminist action research identifies the value of working alongside, in solidarity with, and in service to research-

affected populations as a counterpoint to more transactional or extractive research relationships, as well as in pursuit of more rigorous data and analysis (Sudbury and Okazawa-Rey 2015). Rather than engaging in immersion and observation for the sake of research, our full participation as volunteers, support workers, and members of a community first, and researchers second, afforded us insights that observational ethnography would not. Our decision to embark on further research was taken only after we had been embedded in the organization for more than two years, looking back on our work and the patterns that emerged from it to make sense of our lived expertise (Hartsock 1983).

Our approach includes three commitments: (1) identifying and challenging the hierarchies that enact harm; (2) fostering community and solidarity in the context of immersion, and (3) providing meaningful service toward the eradication of violence *as* a political commitment rather than as an entry point for data collection. Embracing service work and lived experience as method permits us to understand our knowledge of violence as legitimate—and indeed invaluable—data in political science and political violence research.

Participation as Method: Supporting Survivors of Sexual Violence

Our work over the past three years gave us deep and direct knowledge of how legal, medical, and family systems deny survivors control over their own lives and bodies by reinscribing the very dynamics of domination and subjugation that were present in the violence they experienced. Facing this reality allowed us to bear witness to the absence of care and the (re)perpetration of violence in contemporary sexual violence response architecture. Our approach forced us to learn not by turning away from sensitive topics but by walking toward them, embracing empathy, vulnerability, and unconditional positive regard where institutional responses to violence so often practiced the exact opposite. Practicing the antithesis of violence through alternative models of care was a political and ethical imperative, as well as creating myriad entry points for understanding complex and multifaceted manifestations of violence.

The evidence and analysis generated from our participatory ethnography derives from three sources: a participatory training in frontline support work alongside additional training in aspects of trauma-informed care; writing brief, confidential, and nonpermanent notes on each case we supported; and debriefing and clinical supervision with other sexual violence support workers on a weekly and monthly basis. These activities gave us highly systematic insights into patterns of survival and response architecture, which we subsequently synthesized according to key patterns and themes that emerged within and across various formal and informal institutions.

Training. Before providing frontline support to survivors of sexual violence, we attended a four-month 80-hour in-person experiential training program in 2021. With weekly homework, a final exam, and two trainees to every trainer (each of whom had multiple years of firsthand experience supporting survivors), the training emphasized concrete skill transfer and resulted in a certificate in trauma-informed sexual violence response from the Open University.

Half of each training session was devoted to role-plays, in which the trainees and trainers would play the parts of support workers and typical cases they encountered. Many survivors also shared their experiences of traumatic institutional responses to sexual violence so that our service could engage in the exact opposite ways. The training relayed the most *typical* survivor situations that we would encounter when providing support. These scenarios helped us to recognize consonance across survivor experiences and to identify patterns of institutional response failure. In learning to practice the opposite of violence, similarities in patterns across legal, medical, and family responses became evident. Importantly, the ways that the power dynamics present in sexual violence—for example, denying survivors power, autonomy, and control over their bodies—were *reinscribed* through statutory services, psychosocial support mechanisms, and patriarchal family systems was a core theme threaded through these scenarios.

The training's debunking of two common myths provides examples of this consonance. First, the training explicitly recognized the trauma often (re)produced by medical and police referrals. The UK's long National Health Service waiting lists and low prosecution rate speak for themselves. Support to survivors never included encouraging or discouraging reporting or directing individuals toward a particular course of action. Rather, support workers encouraged survivors to value their own expertise and decision-making capacity concerning their ability and desire to report. Second, the training brought questions of disclosure, especially to family and close friends, into greater relief. Given the high levels of sexual violence that occur within family systems alongside patriarchal family structures that commonly subjugate the desires of the survivor to the family's interests, instructors identified myriad ways for support workers to recognize signs of family structures perpetrating harm. Support workers were also trained to validate survivors' instincts toward complex familial relationships. Emphasizing the importance of treating survivors as experts in their own lives and supporting them to make decisions based on their own judgments brought the persistent failures of these systems into sharp relief, providing systematic evidence of the ways each system recreates dynamics present in acts of sexual violence.

Writing Nonpermanent Notes. Confidentiality is a cornerstone of frontline trauma support. Support workers

typically write brief nonpermanent notes on each case.[15] The practice of writing aspects of the survivor experience following hundreds of calls, emphasizing the emotional experience of the survivor, systematically shaped our knowledge of sexual violence responses in the UK.

Focusing on the emotional experiences of survivors means refraining from "solving" or "resolving" suffering.[16] Rather, the support worker stands with and bears witness to the violence experienced. In concert with the practice of writing—and therefore rendering visible—key themes and patterns, this act of caring was integral to understanding patterns in the data. Our empathetic connections with service users permitted us to generate insights at the center of our argument and contribution. Entering and documenting (even impermanently) the emotional landscape of hundreds of survivors allowed us to identify patterns in the *emotional* experience of seeking support. While we did not document these patterns in real time, similarities in survivors' embodied experiences *across* legal, medical, and family systems emerged prominently. Providing an inductive basis for us to commence research prompted us to map these patterns across systems and survivor experiences. It became clear that interactions with these institutions—specifically legal, medical, and family systems—commonly invoked dynamics of unpredictability, loss of control, and hierarchy, thereby directly recreating the power dynamics present in acts of sexual violence (Rogers 1959). The experiences we relay from existing archives represent the most frequent or typical call patterns gleaned from these calls over two years of service work, and then mapped and synthesized during the third year.

Group Debrief and Supervision. The weekly debrief and monthly supervision sustained connection with other support workers. Attending debriefing and supervision was essential for our own safety, but also generated knowledge in two ways. First, connecting to and receiving support from other workers deepened our learning about the dimensions of survivor experiences. Second, receiving ongoing support provided us with a model of care that we in turn offered to survivors. To be both supported and supporter was a critical part of the knowledge generation process.

Over time, we made sense of how our training, note taking, and debriefing with peers and clinical supervisors led us to patterns in survivor experiences. Debrief and supervision permitted us exposure to call patterns experienced by other service workers, as well as reinforcing insights that emerged from our training. Emphasizing how to practice care in ways that represented an antithesis to the dynamics of violence that survivors had experienced further exposed the insidious ways that power dynamics present in sexual violence could so easily creep into support work. It is these dynamics that became evident in existing sexual violence response architecture.

As a deeply iterative, inductive, and interpretivist project, these three practices revealed our research questions and provided the foundations for the theoretical insights presented. They further provided the tools, knowledge, and metadata (Fujii 2010; 2015; 2018; Harding 2004) with which we later analyzed, coded, and organized existing online archives, whose survivor testimonies we present as evidence of the above patterns. It is worth noting that we did not have access to systematic data on the identities of those who called. As two cis white women, our own identities inevitably shaped the ways we interacted with callers from a range of different backgrounds, as well as how we interpreted and analyzed data (see online appendices A and B for further discussion). The deeply reflexive foundation of our training, and perhaps most importantly our weekly debriefing and clinical supervision, permitted us to observe where our own identities shaped our experiences and how consistent we and other support workers were in our ways of working with survivors. It is both our and our colleagues' reflexivity that permitted the various forms of data triangulation we employ in this piece. These tools gave us confidence that the patterns and themes identified were representative of modal survivor experiences.

A Note on Oral Histories and Testimonies of Surviving Rape

As researchers who have spent most of our professional careers arguing for the utility and importance of firsthand immersive data, we reflected carefully on how to bring empirical evidence to bear in this piece. We turned to four public archives[17] and 10 original oral history interviews in an effort to circumvent the need to collect additional data. The quotes we share reflect the patterns and themes that emerged from our own immersive work, relayed using words from existing online testimony.[18]

In 2023, we began oral history interviews with 10 individuals involved in the history and workings of the organization in which we worked. This project was undertaken in partnership with the organization as part of an effort to document its history and way of working with survivors. Interviews sought to shed light on the genesis of the organization's way of working, alongside challenges, inconsistencies, or other insights colleagues encountered after doing this work for many more years than us. Details of the oral history interviews and use of online sources are discussed in online appendix C.

Institutional Violence and the Politics of Subjugation

How do survivors experience mainstream remedies for rape and sexual violence? In this section, we use survivor testimonies to draw out the mechanisms through which institutions perpetrate violence: denying survivor experiences,

dehumanizing their survival, and subjugating by exerting power over survivors' lives and bodies without input or consent. Historicizing patterns of denial, dehumanization, and subjugation exposes how legal, medical, and family systems enact violence and impose domination through the facade of remedy.

While we did not have access to systematic data on the identities of the survivors we supported beyond the information they chose to reveal to us, broader trends demonstrate how class, race, language, disability, immigration status, gender identity, and other forms of marginalization amplify patterns of denial, dehumanization, and subjugation, and compound embodied experiences of institutional violence for certain populations.

Judicial, Legal, and Criminal Justice Remedies

Across disciplines, much has been written about the failures of legal remedy for survivors (e.g., MacKinnon 1989; Mashel 2020; Merry 1995; Richie 2012; Sikka 2023; Sweet 2021; to name only a few). Scholars trained or situated within political science (Corrigan 2013; Fischel 2019; Srinivasan 2022) have also made this point. However, continued efforts at reform, consistent failure, and an unshaken belief that legal remedy persists as an appropriate response mechanism after rape demands further scrutiny. Even when survivors experience some degree of validation through these processes, modal experiences are of denial, dehumanization, and subjugation. In our support work, and in the testimonies from public archives that we present in this paper, some of the reflections most commonly shared by survivors are experiences with legal institutions that recreate the power dynamics present in sexual violence.

Experiences of reporting sexual violence recounted to us by survivors are commonly characterized by institutional disbelief and denial, sometimes including questions about why a perpetrator would engage in sexual violence. Billie described her experience:

> I'd like to know what comes out of this, the police investigating just the victim, not the criminal. … I told my detective I said, "Listen, I went to hospital and let a strange doctor look at all of me. It was really embarrassing. … I felt I've never felt sorry for myself like that day. And you cannot even be bothered investigating this guy." … And then when I start pushing, she goes, "Why would he do it, he looks like a nice family man." (Billie, SS)

She went on to observe that it is like the perpetrator raped her and the police finished her off through their denial of her rape. Through the questioning of her story, Billie's body felt like a crime-scene but she was the criminal—an experience familiar to many survivors:

> I started recording the conversations with the police. Well, the last one is where she says: "But why would he do that? He was gonna get caught. Why would he rape someone?" This is nine months after, and she's telling me this, the detective that was meant to be finding out what he did. It's like the man comes and

does his bit and the police finish us off. At no point [have] they made me feel protected. (Billie, SS)

Interactions like Billie's are characteristic of the majority of survivors we supported who chose to report what happened to them to the police. Survivors recount everything from dismissive encounters to explicit interrogation. Billie later reflected on how crushingly existing support structures let her down. In her words, the police made things much worse:

> [S]ome women would have killed themselves by now. Someone who has not gone through anything in life and this happens to them. And then the police are just making things worse. (Billie, SS)

Mairi articulated how the system platformed the perpetrator's power over hers, and belittled her to remind her of her positioning within a hierarchical social ordering in which she was at the bottom:

> Court was terrible. It was just the three people in front of me and I didn't feel like any of them were on my side. I felt like I didn't get a chance to speak, I didn't get a chance to finish sentences. The defense lawyer was very snappy, short, and impatient and kept asking me the same questions repeatedly, he just reframed them. I was basically just allowed to answer yes or no. I was in for about three hours with three breaks because when I did try to talk the perpetrator stopped it by insisting on speaking to his lawyer and I was put out of the courtroom, then back in again. It stops your train of thought, it stops everything and you can't think again and then you're off onto another subject when you come back in.

> It's quite intimidating especially when there was only a thin screen between me and the perpetrator who was sitting clicking a pen, clearing his throat and shuffling papers. I mean, I don't even know why he was allowed to take notes in court. I wasn't allowed to take notes or take pieces of paper in with me to remember things. But he was sitting there on the other side of that screen being able to take notes, write things down. He was able to prepare for the next witness coming in and twist things with his lies. It was very unfair. He should've had the same conditions in court as we had, it should've all been on an equal footing. (Mairi, JJ)

Poppy articulated a similar lack of control she experienced throughout her process, reinforcing her subjugation. Being classed as a vulnerable witness prevented her from attending court, taking control and decision making out of her hands.

> I was classed as a vulnerable witness and so wasn't able to attend court. Twenty minutes into his evidence the Procurator Fiscal asked for an adjournment. Our friends were in the gallery and knew what was happening long before either of us. Nobody came to tell my husband that my attacker had been acquitted. (Poppy, JJ)

Many callers tell us that these experiences of denying survivors' experiences, dehumanizing their survival, and subjugating their power, control, and bodily autonomy through the very institutions they turned to for support not only recalls the experience of rape, but can leave them feeling worse than the original violence. Poppy reported

the legal system left her feeling "dirty," an embodied experience survivors frequently face after rape. Having someone violate your bodily autonomy can feel invasive and corrupting, making your body no longer feel like your own. It is notable that, for Poppy, this feeling commonly associated with rape emerged most starkly after her experience with the justice system:

> In October 2017, I found out that my case had been sitting on somebody's desk for five months and it hadn't even been looked at. Seven months after the assault, it hit me like a brick. I felt dirty, I felt embarrassed, I didn't want to live anymore. (Poppy, JJ)

By recreating these power dynamics, many survivors are viscerally brought back to the original trauma. Maddy described,

> I very much just floated out of my body and I was just watching everything whilst I was on the ground, but whilst I was also on top of the wardrobe. It was very surreal and I think it really didn't help when all my memories returned years later because it made it feel very dreamlike. You know, I couldn't really trust my memories at all. And I really thought I was going mad when they all came back. So in one way it protected me, in another way it really confused my head when all the memories came back in. It took me years to feel like I was really back in my body. I just felt like I was an empty shell for years, like a house with no furniture. (Maddy, SS)

The idea that the police were there to finish what the perpetrator started is one we hear frequently, not only of the police and legal systems, but also about medical exams and failed efforts to provide appropriate psychosocial care. Survivors describe subjugation through the lens of not being heard, being talked over, and being prescribed treatments or remedies that cause further harm. When survivors' interactions with figures of authority violate their bodily autonomy by gaslighting their reality (Sweet 2019), contradicting their lived experiences, or refusing them the care they say they need, legal systems (re)assert dominance and control over the survivor's body and sense of self. It is this sentiment that leads us to identify institutions as perpetrators, provoking Billie's reflection, quoted earlier in this section, that the rape is committed by the perpetrator but the police "finish her off."

Medical Responses, Health Systems, and Psychosocial Care

In our work, some of the most recurrent traumas arise from encounters with medical professionals in medical exams, doctors' appointments, or while seeking psychological support. Survivors share how being misunderstood, not being listened to, being misdiagnosed, or being passed from one referral to another *denies* and gaslights their experiences, *dehumanizes* their worth and sense of self, and *subjugates* them within a violent social order. A particularly destabilizing pattern in seeking medical care following violence is that survivors rarely expect the pursuit of care to feel so violent. Many survivors recount what

feel like criminal interrogations by doctors and nurses, and violations of their bodily autonomy in medical exams. Ethnographic accounts from Rebecca Campbell (2005), Rose Corrigan (2013), Patricia Yancey Martin ([2005] 2013), Sameena Mulla (2014), and others each offer a wealth of data on such experiences. Jenny recalled her experience at the hospital after she was raped:

> I remember just lying on this trolley in A&E [the accident and emergency department] with this scruffy blanket over me and feeling terrified that I was going to have to be examined and then I think at some point a nurse came and spoke to me and said, "What happened, who did this? Where is he?" and I called him my boyfriend, and I said, "Oh, he's at work, he's on call," and the moment they heard that he was a doctor, I feel they closed ranks. And it went silent and so there was no one to say, "Look, what's happened to you isn't right, would you like to report it?" … [I]t went silent. And no one said what's happened to you is wrong. (Jenny, SS)

Due to the judgment she felt, Jenny blamed herself for her injuries. Survivors consistently recount how experiences of sexual violence shape their access to medical care for the rest of their lives, perpetuating feelings of subjugation by reliving the shame of the abuse. Lauren recounted going to the gynecologist:

> My name is called, and I walk into the room like a lamb to the slaughter, my mind trying to distract itself from the triggers that start to occur. I hear the muffled voice of the gynecologist talking about the "check-up" I'm about to have, he starts to ask me questions, questions that I already know will be asked, preparing for my cue for those words I have to say, I immediately look away as the words escape my lips just so I don't have to have that look, the look of shock, embarrassment for asking me and then pity— in that order. Those words come through hesitation. "I was raped and sexually abused." (Lauren, RSVP)

Lily experienced being passed from service to service as metaphor for how society would rather not deal with her rape:

> Passing information about attacks to service providers for almost 20 years, I had been ignored—rather, I was seen as a dysfunctional woman, passed from service to service and allowed to fall through the net. Was this really the easier alternative for each and every one of those service providers with whom I came into contact? I still question this. This attitude by society further contributed to my silence and gave platform to the perpetrator's abuse. (Lily, RSVP)

Jo revealed how her rape shaped her efforts to get medical care, with healthcare professionals frequently reinscribing her subjugation by gaslighting her reality. She explained,

> I don't like the idea of people, or a therapist, or somebody thinking that [having] ME [myalgic encephalomyelitis] is because I got raped. For me it is a separate thing. … I've so often had to live with people, including GPs [general practitioners] saying, "It's all in your mind." … So, it's a different kind of abuse. If you think about it, I've not said this before. It silences me, I feel invisible and silenced. (Jo, SS)

Jo's rape meant she frequently experienced medical professionals reducing her lived physical pain to "mental"

problems, understood to be less valid. She named her experience as a "different kind of abuse" comparable in nature to her assault. There is ample evidence that the routine dismissal of survivors' realities in their efforts to seek care has deeply intersectional manifestations. Dynamics of denial, dehumanization, and subjugation are often most pronounced for racialized women and minoritized genders, who are more readily framed as unreliable witnesses or deserving of harm (Barnett et al. 2019; Cénat 2020; Mays, Cochran, and Barnes 2007; Menzel 2021).

Indeed, the dynamics that characterize medical responses to rape are well covered in the literature.[19] Discussing how medical exams often recreate dynamics present in the original abuse, Mulla (2014, 46–47) documents how survivors are expected to relinquish their bodies to evidence collection. She writes,

> The victim suffers the majority of the discomfort for the purpose of evidence collection. As she is interpellated into the forensic regime, the victim is subjected to the priorities of the forensic examination—she must relinquish her body to the forensic intervention for the good of collecting evidence that may yield DNA.

Mulla invokes the experience of Kendra, a survivor undergoing a medical examination after she has been raped:

> As the pelvic exam ended, Kendra [the survivor] asked Crystal [the nurse] what she had seen. Crystal evaded giving a direct response to Kendra's question, and Kendra turned to comment, "I think I understand why rape victims don't call the police some time." (47)

Each of these acts perpetrate violence. When survivors' experiences are questioned, when they are framed as deserving of harm, or when medical expertise is deployed to invalidate what survivors say they need—for example, by prescribing antidepressants to deal with dissociation, medicating trauma with antipsychotics, or dismissing physical manifestations of complex trauma as "only in their heads"—the reinscribing of dynamics of domination and subjugation recalls the initial abuse. The embodied experience that results drives many survivors to extreme depression, self-medication, self-harm, and suicide.

Violence and Disempowerment within the Family

Some survivors report empathy, love, and care from friends and family following sexual violence. However, one of the key revelations of our work was the degree to which family and friends harmed survivors, through violence or neglect or in efforts to provide care. They enact harm in ways that mirror the dynamics present in sexual violence, most notably by refusing the survivor's power and autonomy over their life and body. A recurrent theme in our work was family members making decisions on behalf of survivors, not listening to them, blaming them for what happened, or avoiding their abuse, leaving

survivors with a sense of deep shame, guilt, or powerlessness. These patterns emerged both when rape was perpetrated by a stranger but even more commonly when the perpetrator was a friend, intimate partner, or family member.[20] A key component of providing frontline support to survivors was to acknowledge the hardship of getting support from friends and family, and to validate survivors' instincts when disclosure did not feel safe for them.

Becky described the disempowerment in not being believed for what happened to her:

> I never reported it. I didn't even consider reporting it. It never crossed my mind. Because I remember going home and getting in the bath and thinking I'm washing away all the evidence, but sort of not caring, because I knew I wasn't going to report it anyway. I knew I wouldn't be believed. (Becky, SS)

Sheila captured another common pattern for survivors we support, whose families knew about the abuse and denied it was happening, normalized it, or overlooked it altogether. She recounted:

> I knew from the moment I disclosed at 8 years old that the relationship with my brother wasn't right. After disclosure I realised, I couldn't trust any of the adults in my life either. … [N]o one did anything so I stayed stuck in a house full of danger and horror. (Sheila, RSVP)

Lizzy's description of childhood sexual abuse within her family reflects a consistent pattern that family members know what is best for survivors and do not permit them to make their own decisions. This assertion of dominance can feel deeply alienating, particularly because it mirrors the control exercised by sexual violence perpetrators. It is often coupled with a professed desire to protect the survivor's "reputation and honor," suggesting survivors should feel shame about what happened to them.

> She [my sister] was two years old when she was adopted by my dad, but my granddad always saw it as she's not his granddaughter so it's okay. He did a lot worse to her, but I didn't know any of this. But apparently, my mum … did know. And they sat down and talked about it, my mum and dad and decided not to go to the authorities about it, because they were worried that I would be taken away from them. So, they made the decision not to do anything. (Lizzy, SS)

The reaction of Lizzy's parents illustrates a denial and minimization of her experience. Alice described the dehumanizing experience of hearing her father prioritize her brother's well-being over hers:

> My dad, who went through it all with me, a few years, got very drunk and we were sitting around the dinner table and this conversation came up. I don't know why it came up, but maybe because of something in the news. …
>
> Like, he said, like if my brother was accused of rape, and he was let off as innocent—just using him as an example kind of thing—then that stigma still stays with him. And I was just like, but that's not the point. Like, how is that even a consideration. (Alice, SS)

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By focusing on her brother's well-being rather than her suffering, Alice's father denigrates her equal worth and humanity.

Mary described how friends and adults in her life, including her parents and school, failed her when her abuse was brought to light, primarily by making decisions without consulting her:

> My journey to recovery started when I chose to tell a friend of my abuse. I was 12. My friend didn't think much of it, and maybe I didn't either. I look back and realise that neither of us understood it. By 15, my abuse had become idle gossip amongst the other children at school. Whispers in the corridor, messages posted online, texts to my phone, things shouted at me across the playground. … Only they weren't gossiping in belief; I was branded a liar and an attention seeker. My nightmare had only just begun when I was called into the Head's office and told that he would be informing social services and my parents. My parents … it was the thing I'd always dreaded the most. What would they think? What would they say? Watching them be told, along with my big sister, was truly heart breaking. It is a memory that is etched on my brain as the start of a downward spiral in my life. (Mary, RSVP)

Patterns of denial, dehumanization, and subjugation, which manifest as disbelieving the accounts of survivors, assuming they are to blame, or speaking *for* survivors by asserting what is best for them, are pervasive in all types of familial responses. The care families are assumed to provide is often situated as a counterweight or antithesis to the absence of care more widely recognized in legal systems. However, documenting patterns subjugation in both formal and informal systems, we understand these patterns as constitutive of one another, as systems whose geneses can be traced to the same patriarchal roots that reinforce survivors' positioning within an enduring hierarchy of domination and subjugation.

Institutions as Perpetrators: Producing Embodied Experiences of Violence

Dominant approaches to remedy for sexual violence systematically deny power to survivors and entrench their continued marginalization. This failure upholds an equilibrium that subjugates disempowered groups in society. Women—alongside sexual and gender minorities and racialized, classed, and disabled populations—bear the brunt of this subjugation. Our experiential analysis, illustrated through archival testimony, demonstrates striking synergies between legal, medical, and family systems in the treatment of survivors. We show how denial, dehumanization, and subjugation, often amplified for those at the intersections of distinct axes of marginalization, reinscribe gendered hierarchies in ways that mirror dynamics present in the perpetration of sexual violence, denying survivors agency or control over their lives and bodies.

The *denial* of survivors' experiences assumes myriad forms. It frequently manifests as disbelief that the violence occurred. Patterns of denial emerge in legal, medical, and family systems when people in these spheres ignore or turn away from abuse, refuse appropriate treatment or care, and interrogate victims as suspects in their stories. Rather than rejecting survivors' accounts of what happened to them, *dehumanization* serves to justify and legitimize the violence they experienced, drawing boundaries between deserving and undeserving victims (Al-Adeeb et al. 2016; Butler 2021; Krystalli 2021; 2024), making survivors believe they are at fault, or leveraging shame, judgment, and culpability to preserve a hierarchical social order. Where survivors are believed and considered to be deserving of remedy or care, *subjugation* works to refuse them control over their lives and bodies, reinforcing their powerlessness within a (gendered) hierarchy that left them vulnerable to abuse in the first place.

The ways that denial, dehumanization, and subjugation function in sexual violence responses derive from a social and political order whose evolution was premised on gendered and other forms of oppression (e.g., MacKinnon 1989; Pateman 1988). Because women were historically understood to be the property of husbands and fathers, because their "honor" was assigned societal value, and because this value reflected on the head of the household, rape law evolved to protect this order (Bourke 2010; Brownmiller 1976; Duque 2021, 489). Marital rape was only finally outlawed in the UK in 1992, and remains legal in many countries around the world. Its legacy in a property rights framework that also positioned Black and other racialized bodies as the property of white men prescribed some forms of sexual violation as legitimate (Armstrong, Gleckman-Krut, and Johnson 2018). Denial, dehumanization, and subjugation derive from various ownership structures within marriage and servitude that strip subjects of sexual violence of power over their own bodies. The genesis of the property rights framework means that the nuclear family cannot typically be understood as a haven for repair but as a site of overwhelming domination, and one that has been responsible for enforcing gender hierarchy for centuries. Through imperial expansion, the family has often acted as a microcosm of the state (Federici 2004; Kempadoo 2004; Lewis 2022). This particular form of European patriarchy was exported around the world, serving as the primary vehicle through which social order was imposed while executing—and legitimizing—the "civilizing" missions of colonialism and white supremacy (Fischer-Tiné and Mann 2004; Lewis 2022; McClintock [1995] 2013; Mutongi 2007; Thomas 2003).

Knowing what is "best" for survivors, while also being able to wield power to perpetrate abuse with impunity by legitimizing and normalizing that violence, recalls the state's—and the patriarch's—dual role. The state is similarly tasked with protecting those occupying subordinate positions from illegitimate violence *and* setting the rules of the game by wielding a monopoly over which forms of

violence are legitimate (Brown 1992; 1995; Peterson 2020; Weber [1947] 1964). Encounters with formal and informal institutions, therefore, (re)produce embodied experiences of sexual violence or assault by eroding the control a survivor has over their life and body. Emma explained,

> When I look back now the whole legal process felt like walking blindly into a maze, imagining that I had a rough idea of where I was going but really I was just stumbling around in the dark hoping that every turn was going to be the right turn, and would lead to the right outcome. But it didn't for me. (Emma, JJ)

The experience of being lost within a system she had no power in made Poppy viscerally feel the futility of navigating a system that was designed to reinforce her outsiderness. She described how her marginality in a social hierarchy left her at the mercy of police, doctors, and other paternalistic figures:

> Through no fault of our own we found ourselves in an extraordinary system that we just didn't understand at the time. You shouldn't have to fight, you know? You shouldn't have to fight. But they don't make it easy. I think there's this sense that it's just the way it is, everyone knows what it's like. But if you're not working in that old-fashioned, hierarchical criminal justice system, how could you possibly know? … There is far too little understanding of what it's like to be caught up in something like this. (Poppy, JJ)

Reinscribing the power dynamics that strip survivors of power and control over their bodies reveals sexual violence *and* the institutional responses to it to be born from the same cloth. We understand the embodied experiences these power dynamics produce *as* violence. They uphold a social order whose repercussions for survivors are deeply political. Recognizing how relationships of domination and subjugation manifest in patriarchal institutions by usurping survivors' bodily autonomy is worthy of urgent attention from political scientists within the field of political violence research and beyond, with crucial substantive *and* methodological implications.

Conclusion

In this article we suggest that institutions are perpetrators of political violence, and that the omission of private sexual violence from political science research beyond the Global South itself reflects a broader politics (Gray 2019; Mohanty 1984). The depoliticization of everyday sexual violence maintains an equilibrium that subjugates feminized populations (notably women and sexual and gender minorities) within a patriarchal political order. These power structures are maintained and reinforced through formal and informal institutions and reinscribed through attempts at remedy and care.

We advanced various interrelated claims. First, contributing to a rich tradition of political violence research, we follow sociologists, criminologists, and feminist theorists to identify rape and sexual violence perpetrated for private,

individual motives—including violence that occurs within the household and between intimate partners—as political, because of its wide prevalence in society and the sharp limits on efforts to prohibit or remedy it. This equilibrium of sexual violence upholds a tacit, if not overt, culture of toleration that preserves existing hierarchies. We posit that these dynamics position private sexual violence—and institutional responses to it—as a topic that demands urgent attention from scholars of political violence.

To make this argument, we explored how legal, medical, and family systems perpetrate and uphold these structures, recreating power dynamics present in sexual violence. Privileging these systems' dominant remedies creates the conditions for ongoing gendered subjugation in a political equilibrium where sexual violence flourishes. To echo Wood (2018), the tacit toleration engrained within these systems creates permissive conditions for rape.

Our arguments leverage ethnographic experiences supporting survivors, alongside oral histories of radical care in the UK. Working as frontline support workers with survivors of sexual violence provided us with the lens to interpret, understand, and situate archival experiences of survivors that we then used to evidence and illustrate the claims generated from this work. Research practices grounded in principles of empathy, congruence, and unconditional positive regard permitted us unique insight into the politics of private violence that other methods would conceal. In synergy with our theoretical insights, we assert that methodological approaches that insert distance (and hierarchy) in a researcher–researched dichotomy can face intrinsic challenges resulting from their tendency to reproduce similar power dynamics to those documented above. When working with survivors of violence, encounters with hierarchy, unpredictability, and loss of control can recall earlier experiences of violence. We thus supplemented immersive service work with public testimonies from survivors to illustrate the patterns observed.

Our research revealed that responses to violence that authentically situate survivors as experts in their own lives can offer more meaningful possibilities for repair, and prove less likely to exact further harm. Identifying the violence so often enacted in rape responses, we ask what it would mean to practice its exact opposite. In doing so, we bridge an ethic-of-care as remedy with an ethic-of-care as method (Held 2010; Krystalli and Schulz 2022; Ticktin and Wijsman 2017; Tronto 1993; 1999). Challenging patriarchal hierarchies by honoring the expertise of survivors and centering their bodily autonomy, equal worth, and decision-making power promises more viable paths to repair *and* more generative opportunities for knowledge. In turn, such approaches show greater potential to liberate communities from violence (hooks [1997] 2014a; [1994] 2014b). As Vidale-Plaza (2023) identifies, a clear dissociation of the work of service delivery from the practice of care within institutions amounts to an institutionalized

lack of *caring*. What would it mean to ask survivors what they need, and build systems that seek to transform those needs into reality?

Supplementary material

To view supplementary material for this article, please visit http://doi.org/10.1017/S1537592725101953.

Acknowledgments

Notes

1 Research places the prevalence of childhood sexual abuse in Australia close to one in three (Haslam et al. 2023), with similar estimates for the United States (Sumner et al. 2015). Reporting and measurement challenges impact knowledge on the prevalence of sexual violence globally (Borumandnia et al. 2020).

2 There is a debate about the use of the terms "victim" and "survivor" in sexual violence research. For consistency, we use "survivor," which is the term preferred in the communities we work with. We share the perspective that "survivor" more explicitly rejects a rigid victim–perpetrator dichotomy. While we also note that this term has political baggage attached to it, it engulfs a more complex and fluid positionality.

3 The Bluestone Report, a government review of judicial remedies, stated, "Across policing in England and Wales, three decades of government research, inspection reports, and internal policing research have not resulted in sustainable improvement to the investigation of rape. Poor justice outcomes in rape and other sexual offences … deteriorate year on year. Victims' voices about the damaging journey through the justice system have labelled [it] as bad, or worse than sexual violation itself" (Stanko 2022, 14).

4 For some exceptions, see a large literature on state repression (e.g., Davenport 2007). In exploring how and why institutional arrangements come about (Knight 1992), political scientists have examined how institutions benefit or harm particular groups (e.g. Moe 2005). Crucially, Scott (2020) has documented how institutions designed to impose legibility harm groups of underpowered people. While the discipline has (incrementally) amassed a deeper understanding of the racialized and gendered violence embedded in systems of carceral justice (e.g., Akbar 2020; Alexander 2010; Weaver and Lerman 2010), much of the literature continues to locate solutions to societal power disparities in more inclusive institutional design (e.g., Acemoglu and Robinson 2012; Shapiro 2016), perceiving institutions as venues for resolving conflicts rather than as vested perpetrators.

5 Iris Marion Young (2003) terms this dynamic the masculinist logic of protection (see also Sjoberg and Peet 2011).

6 There is considerable attention in criminology, economics, and sociology; see, e.g., Armstrong, Gleckman-Krut, and Johnson (2018); Campbell (2001); Martin ([2005] 2013); Martin and Powell (1994). See Montoya (2008; 2013) for important exceptions in political science.

7 Arguably, data on conflict-related sexual violence should be harder to collect given access and security constraints.

8 In this article, we focus on feminized populations such as women and sexual and gender minorities. We follow Brown (1995) and Iantaffi (2021) to reject rigid gender essentialism, acknowledging that all kinds of people experience intimate and sexual violence, *and* sexual and intimate violence disproportionately affects women and sexual and gender minorities.

9 Fujii (2021) explores a distinct category of political violence that she terms "public violence"—or "violent display"—which she characterizes as violence *performed* for an audience, usually in public spaces.

10 Under UK law, the concept of "reasonable belief" is used to refer to any steps the accused took to ascertain whether the victim consented. In 2023, a revised "shield" law was debated in parliament that would prevent victims' sexual histories from being used as evidence against them in rape trials (Banerjee 2023).

11 Critics of this definition dismiss the idea of structural or symbolic violence as dilutions that obscure the precision and analytical utility of the term "violence" (Kalyvas and Strauss 2020; Reiss and Roth 1993).

12 See also Campbell et al. (2001) and Martin and Powell (1994) on "the second rape."

13 This research was approved by institutional review boards at the London School of Economics (LSE REC 306435) and at University College London (UCL SHSPol-2324-016-1) on January 12, 2024.

14 Our approach is closest to Anderson's (2006), who defines analytic autoethnography as "research in which

the researcher is (1) a full member in the research group or setting, (2) visible as such a member in published texts, and (3) committed to developing theoretical understandings of broader social phenomena." Generally, the goals of autoethnography are to "challenge the subject–object separation underwriting so much scholarly production by placing the researcher's experience at the center of the phenomena under investigation" (Behl 2017, 584). While autoethnographic techniques informed our approach, making visible conditions under which different forms of knowledge can be generated, we do not place our *own* experience at the center of this study. Rather, we follow more conventional ethnographic traditions to understand our participation and service work as entry points to access data and knowledge about the experiences of survivors.

15 The nonpermanence of the notes relates to their primary purpose, which is to stay emotionally alongside the survivor during the call, and then seek support about any call during debrief and clinical supervision. The nonpermanence preserves the survivors' anonymity. Names or other identifying information are never recorded, even nonpermanently, and notes are never collected or viewed by anyone but the support worker. Nonpermanent notes differ from call logs, which record brief factual information about the call (date, time, incident). Logs differ from nonpermanent notes as logs do not include any information about the survivor's emotional state. This separation between nonpermanent notes and call logs guards against the disturbing trend of notes that were previously understood to be confidential, such as those taken by mental health professionals while providing care and recorded under the conditions of confidentiality, being introduced into legal proceedings with negative impacts on survivors. See Topping (2022).

16 Signposting is the practice of providing information that survivors might not otherwise have. It does not involve connecting a person to a service, nor pressuring them to act on that information unless they believe it is right for them.

17 Rape Crisis Scotland (RCS), Justice Journeys (JJ), Survivor Stories (SS), and the Rape and Sexual Violence Project (RSVP). Abbreviations for these archives follow the names of quoted survivors to indicate the source of their testimonies. For more information about these archives, see online appendix C.

18 The names used are those used in already public archives unless otherwise noted. In some cases these are pseudonyms.

19 There are well-established literatures on the institutional racism and gendered biases in the fields of medical and psychosocial care that evidence how certain forms of pain and suffering are taken more seriously than others (Williams and Wyatt 2015). Suffering of marginalized bodies is historically undervalued in medical research and in lived experiences of healthcare. There is also a rich literature on the medicalization of trauma, which highlights how individualizing pain—treating of symptoms rather than root causes—erases the structures that enable collective harm and disregard patients as experts in their own lives (Ticktin 2011).

20 In the UK, the ONS estimates that 46% of police-reported rape takes place within the home (ONS 2022). In three US states, Fischel (2019, 72–73) finds that "30 to 40 percent of the relationships in sexual assault cases that reach the appellate level involve vertical status differences [defined as parental or parental-like relationships]. We can justifiably assume that these numbers are the tip of the iceberg. Consider how many daughters and sons, stepdaughters and stepsons, grandchildren, nieces and nephews, and children of the perpetrator's partner have no one to whom to report the assault. … Sexual assault within vertical status relations is not an exception but a prevalent pattern."

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