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UNDERSTANDING THE LIVED EXPERIENCES OF SEXUAL ASSAULT
SURVIVORS: A NARRATIVE STUDY OF POSTTRAUMATIC GROWTH

MICHELLE LYNN BARRON-WEARSCH

Bachelor of Arts in Psychology

Cleveland State University

May 2006

Master of Education in Community Agency Counseling

Cleveland State University

May 2010

Submitted in partial fulfillment of requirements for the degree

DOCTOR OF PHILOSOPHY IN URBAN EDUCATION

COUNSELING PSYCHOLOGY

Cleveland State University

August 2020

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**We hereby approve this dissertation
For
Michelle L. Barron-Wearsch**

**Candidate for the Doctor of Philosophy Degree in Urban Education:
Counseling Psychology**

**for the Department of
Graduate Studies
And**

**CLEVELAND STATE UNIVERSITY'S
College of Doctoral Studies by:**

Dissertation Chairperson: Sarah Toman, Ph.D.

C.A.S.A.L. 8-8-20
Department & Date

Methodologist: Catherine A. Hansman, Ed.D.

C.A.S.A.L. 8-12-20
Department & Date

Member: Kathryn C. MacCluskie, Ed.D.

C.A.S.A.L. 8-12-20
Department & Date

Member: Elizabeth R. Welfel, Ph.D.

C.A.S.A.L. 8-11-20
Department & Date

Outside Member: Paula J. Britton, Ph.D.

Psychology, John Carroll University 8-10-20
Department & Date

**August 4, 2020
Student's Date of Defense**

DEDICATION

To Scott Wearsch, my love, my best friend, and my partner in life. Thank you so very much for your love, support, and encouragement. You helped me to stay motivated and persist, and you did so much to allow me the time and energy to focus on this project. I am eternally grateful for you.

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To my mentors, supervisors, and advisors, you have each played a special role in my personal and professional development. I have been so fortunate to have learned from such outstanding people. Thank you all.

To my committee, I admire each of you very much, and I was truly honored to be supported by such strong, intelligent, and successful women. Your feedback was so helpful and greatly enhanced this study. Thank you for your patience and understanding throughout this process and for your dedication and commitment to me and my work.

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UNDERSTANDING THE LIVED EXPERIENCES OF SEXUAL ASSAULT
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MICHELLE LYNN BARRON-WEARSCH

ABSTRACT

Most people experience some type of traumatic event in their lives, such as physical or sexual assault, serious medical illnesses, accidents that cause injury, the death of a loved one, and military combat exposure. There is variability in how people respond to trauma. Survivors could benefit from learning more about trauma responses, including the process of healing. In recent times, society has been challenged to examine their perceptions of sexual assault and those who survive these experiences. Much research has been done on the negative impact of trauma. Further research is necessary to gain a deeper understanding of both the positive and negative responses to trauma, particularly among sexual assault survivors as this population is not well-represented in the current research. Posttraumatic growth (PTG) has been defined by Calhoun and Tedeschi (2006) as a positive transformative experience among people who have been exposed to trauma that may coexist with symptoms of psychological distress. The purpose of this narrative study was to better understand the lived experiences of PTG in adult sexual assault survivors.

The current qualitative narrative study used a social constructivist interpretive paradigm to explore PTG among eight sexual assault survivors. Semi-structured interviews were conducted, transcribed, coded, and interpreted. Restorying was used to introduce the participants to the readers and to organize their narratives. Findings indicated that the participants had similar experiences of negative and positive life

changes and reported experiences of PTG domains, appreciation for life, relating to others, new possibilities in life, personal strength, and spiritual change.

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CHAPTER I

INTRODUCTION

Most people experience some type of major traumatic event during their lives (Breslau, Kessler, Chilcoat, Schultz, Davis, & Andreski, 1998). Examples of traumatic experiences include physical or sexual assault, serious medical illnesses, accidents that cause injury, death of a loved one, and military combat exposure (Luxton, Skopp, & Maquen, 2010; Triplett, Tedeschi, Cann, Calhoun, & Reeve, 2012). There is variability in how people respond to traumatic experiences, including positive and negative life changes (Frazier, Conlon, & Glaser, 2001; Frazier, Tashiro, Berman, Steger, & Long, 2004; Tedeschi & Calhoun, 2004). For instance, within a sample of female undergraduate college students who reported being sexually assaulted, negative reactions by others to disclosure of the assault were associated with both adaptive and maladaptive coping (Littleton, 2010). In another study of female rape survivors, 47% of participants reported an increased sense of well-being and 47% reported a decreased sense of well-being (Kennedy, Davis, & Taylor, 1998). Authors and researchers have provided theoretical explanations for trauma responses and effects. This dissertation research focuses on the explanations named posttraumatic growth (PTG).

Theoretical Background

As Calhoun and Tedeschi (2006) suggested, the idea of PTG is not a new one. It is essentially the concept that people can grow through difficult and even traumatic experiences, and this concept has been in existence since ancient times and across many religions, philosophies, and civilizations. Calhoun and Tedeschi (2006) proposed a model of PTG that is heavily influenced by cognitive psychology. This dissertation is grounded in cognitive psychology principles and those founding principles are outlined here, first, to support the more specific applications to PTG.

Cognitive psychology is the study of how humans think and how those thoughts affect behaviors. One of the first sources, Neisser's 1967 book, *Cognitive Psychology*, offered the notions of thought, attention, memory and perception into the otherwise behavioral approach of the time. The field of study addressed human information processing and the mediational processes that lead to responses. The tenets of cognitive psychology had direct links to Social Learning Theory (Bandura, 1963) which added the importance of social context to our understanding of human behavior. The importance of considering cognitive processes and understanding the meaning of human behaviors and reactions is basic to this dissertation. Cognitive processes, in the realm of increasing understanding of the aftermath of trauma, are central to the work of Calhoun and Tedeschi.

Calhoun and Tedeschi (2006) argued that rumination has often been considered a negative cognitive process but that it can be a positive key component that may contribute to PTG. According to Calhoun and Tedeschi (2006), rumination has erroneously become synonymous with intrusive thoughts. Their definition of rumination

also includes reflection, reminiscing, and problem-solving that can lead to PTG. They prefer to consider rumination as cognitive engagement.

Other significant components of Calhoun and Tedeschi's (2006) model of PTG are the personal narrative and self-disclosure. The personal narrative is the story that one tells themselves about their traumatic experience. Often times, people perceive themselves as who they were before the trauma and who they are after the significant event. The personal narrative of before and after the traumatic event can initiate cognitive engagement and lead to PTG. It is described as the cognitive challenge of restructuring the personal narrative to accommodate the unexpected traumatic event (Calhoun & Tedeschi, 2006).

In their qualitative study of PTG, Tedeschi and Calhoun (1995) identified three general domains of growth after trauma exposure, which are changes in perception of self, changes in how one relates to others, and changes in personal philosophy. Later quantitative research done by Tedeschi and Calhoun (1996) identified five factors within these three general domains. Strength and new possibilities are two factors within the domain of changes in perception of self, and relating to others is a third factor. Appreciation for life and spiritual change are the final two factors and are within the domain of changes in personal philosophy.

Calhoun and Tedeschi (2006) described strength as an area of PTG that represents vulnerability yet feeling stronger at the same time. Strength refers to a person's sense that they can handle any perceived threat or crisis that they are faced with. Cognitive processes change based upon the threat of the assumptive world produced by crises. According to Calhoun and Tedeschi (2006), a major cognitive change is that one

begins to perceive the world as more threatening and unpredictable and one's sense of vulnerability becomes much more salient. Traumatic experiences may also be perceived as a test that a person survives, increasing their sense of personal strength.

Exposure to traumatic experiences may also lead to the perception of new possibilities in a person's life that they had not considered before. A person may develop new interests or discover new life paths as a result of their trauma (Calhoun & Tedeschi, 2006). For example, a person who suffered the loss of a child who chooses to pursue a new career as a bereavement counselor based upon their experience or a cancer survivor who begins work as a motivational speaker to share their story and inspire others.

Trauma exposure often leads to changes in how people relate to others both in their personal relationships and with other human beings in general. Through the process of dealing with trauma, sometimes close relationships are lost but sometimes those relationships grow stronger. Also, after experiencing their own suffering, people may feel a greater sense of compassion and empathy for the overall experience of human suffering. This may lead to a general feeling of connectedness with other human beings (Calhoun & Tedeschi, 2006).

According to Calhoun and Tedeschi (2006), a changed sense of what is truly important in one's life and a greater appreciation for life are often experienced after suffering trauma or loss. Financial wealth or career success may become much less important than time spent with family, enjoying nature, or attending to physical and emotional health. When someone's life is threatened or when someone experiences the loss of a loved one, they may have a greater appreciation for life and tend not to take life for granted.

Spiritual changes can also occur upon experiencing trauma. Calhoun and Tedeschi (2006) suggested that spiritual or religious changes may be the most significant experiences of PTG. They also suggested that the trajectory or time frame of spiritual growth can vary from person to person even when the trauma is similar. They acknowledged that while some people experience positive spiritual change after trauma exposure of loss, others may experience a diminished sense of spirituality as a result. Spiritual changes include a greater sense of purpose or meaning in one's life, an increased level of life satisfaction, and spiritual clarity around fundamental questions.

Tedeschi and Calhoun (2004) differentiated between PTG and related constructs such as resilience, hardiness, optimism, and sense of coherence. While all of these constructs describe personal characteristics related to managing adversity in a healthy or productive way, PTG refers to change or transformation that goes beyond pre-trauma levels of adaptation. The authors defined resilience as one's ability to go on with life or to continue living life with a sense of purpose after experiencing adversity. Resilience is often studied in research of children who have endured difficult life experiences and remained psychologically healthy. The term resilience implies maintaining or returning to a certain level of functioning rather than growth beyond that level. Those with hardiness have a strong sense of commitment and control in response to life challenges. People with hardiness tend to expect that there will be challenges in life and feel as though they can influence these events. Optimism is associated with positive outlooks on life and positive expectations around outcomes. Sense of coherence refers to an ability to understand or comprehend events, cope with difficulties, and find meaning in these kinds

of circumstances. Again, the authors argued that hardiness, optimism, and sense of coherence do not imply growth or transformation, as does PTG.

Tedeschi and Calhoun (2004) went on to explain that people with high levels of resilience, hardiness, optimism, or sense of coherence may report little growth after adversity or trauma because they will likely be less challenged by these events. They believed that the challenge or struggle with processing traumatic events is crucial to experience PTG. Part of the cognitive struggle that occurs is due to existing schemas that are changed after exposure to trauma. Therefore, Tedeschi and Calhoun (2004) proposed that it seems more appropriate to study PTG in adults or adolescents rather than children because established schemas are still being formed in children. They also suggested that young people may be more likely to report higher levels of PTG than older adults who have likely already learned more life lessons.

According to Tedeschi and Calhoun (2004), PTG is a positive transformative experience among people who have been exposed to trauma. They differentiate it from similar terms such as resilience and hardiness in that PTG does not merely represent a return to a baseline level of functioning but also positive change or growth within an individual, even when the trauma is severe

Purpose of this Dissertation Study

There has been much focus in past research on the negative impact of trauma, such as symptoms of depression or posttraumatic stress disorder (PTSD). More recently, researchers have explored positive life changes associated with trauma exposure (Frazier & Berman, 2008; Frazier et al., 2001; Frazier et al. 2004; Tedeschi & Calhoun, 2004). There is a need for greater understanding of the lived experiences of posttraumatic

growth (PTG) among sexual assault survivors. Further research is necessary to gain a deeper understanding of both the positive and negative responses to trauma, particularly among sexual assault survivors as this population is not well-represented in the current research on positive life changes and PTG. The purpose of this narrative study was to better understand the lived experiences of PTG in eight adult sexual assault survivors. For this study, PTG was generally be defined as a positive transformative experience among people who have been exposed to trauma that may coexist with symptoms of psychological distress.

Research Questions

The questions for this dissertation are a result of the mixed findings reported in the literature which researches effects of traumatic experiences. This dissertation approaches the topic and the participants from a qualitative framework, in the hopes of clarifying some of the conflicting results. The central research question for this narrative study was:

What does it mean to be a sexual assault survivor?

The sub-questions were:

- 1) What negative life changes have been experienced after a sexual assault?
- 2) How do sexual assault survivors cope with the impact of trauma?
- 3) What positive life changes have been experienced after a sexual assault?
- 4) How does the experience of being sexually assaulted impact self-concept?
- 5) How does the experience of being sexually assaulted impact how one relates to others?

6) How does the experience of being sexually assaulted impact one's personal beliefs and attitudes about life?

7) What meaning do sexual assault survivors make of their traumatic experience?

Summary

This chapter provided the introduction and background for this dissertation research. The purpose of the study and the research questions were introduced. The next chapter reviews the trauma and posttraumatic literature that supports this dissertation.

CHAPTER II

REVIEW OF LITERATURE

Chapter two consists of a review of published articles and research relevant to the primary focus of this dissertation, understanding the lived experiences of posttraumatic growth (PTG) among sexual assault survivors. Calhoun and Tedeschi have published works that are central to the purpose of this research. Studies that support their descriptions of PTG are reviewed and explained.

Approximately 20% of women in the United States will experience a sexual assault (Koss, 1993; Tjaden & Thoennes, 2000). Several studies have researched PTG among sexual assault survivors, but research on PTG with this population is limited. In one study of sexual assault survivors, participants who reported positive life changes were less likely to develop trauma-related psychological disorders, such as posttraumatic stress disorder (Frazier et al., 2001). This demonstrates the relevance of the current study and its potential contributions to research and clinical practice. Frazier et al. (2004) identified variables that have been associated with PTG among sexual assault survivors. The variables include personal characteristics (optimism, prior victimization, demographics), environmental resources (social support, disclosure, treatment),

individual coping strategies (approach, avoidant, spiritual), and control appraisals of the traumatic event (behavioral self-blame [past control], control over the recovery process [present control], and taking precautions to prevent future assaults [future control]).

In a study by Triplett et al. (2012), the authors sought evidence to support aspects of Tedeschi and Calhoun's (1995) model of the processes leading to PTG by examining the relationships between challenge to core beliefs, intrusive rumination, deliberate rumination, mental, physical, and emotional distress, PTG, meaning in life, and life satisfaction. According to Triplett et al. (2012), challenge to core beliefs refers to one's ideas about how the world works. Intrusive rumination consists of thoughts about the traumatic event that are automatic, and deliberate rumination refers to intentionally thinking about the traumatic event. Meaning in life describes feelings that life is meaningful and has purpose, and life satisfaction refers to a sense of well-being, satisfaction with life, and the notion that life is close to ideal.

Two samples of participants were recruited for the study from a university undergraduate psychology department. An online survey was conducted in which participants indicated if they had experienced at least one of nine possible traumatic events within the past two and a half years. Only data from participants indicating exposure to trauma within this time frame was used for analysis in the study. Examples of traumatic events included suffering from a serious medical illness or a close family member, significant other, or friend with an illness, an accident that led to serious injury, being the victim of robbery, mugging, or physical or sexual assault, the death of a loved one, enduring a divorce, and being stalked.

The first sample consisted of 148 participants with 53 men and 95 women. Participants ranged in age from 18 to 56 ($M = 22.26$; $SD = 6.64$), and 66.2% were Caucasian, 15.5% were African American, 6.8% were Asian American, 4.1% were Hispanic, 2.7% were Native American, and 4.7% identified as other. The second sample consisted of 185 participants, 45 men and 145 women, with an average age of 21.78 ($SD = 5.71$). This sample consisted of 68.1% identifying as Caucasian, 15.7% as African American, 7.0% as Asian American, 5.4% as Hispanic, 0.5% as Native American, and 6.5% as other.

Triplett et al. (2012) found support for their hypothesis that challenges to the assumptive world can be a starting point towards PTG. Challenges to core beliefs were related to intrusive and deliberate rumination. Deliberate rumination was positively correlated with PTG, and intrusive rumination was associated with ongoing distress. PTG was positively associated with an increased sense of meaning of life and was found to have a significant but weak relationship with life satisfaction.

Posttraumatic Growth and Sexual Assault

Relatively few studies have been conducted examining PTG or related constructs among sexual assault survivors. Littleton (2010) conducted a study examining the impact of social support and negative disclosure reactions on post-trauma adjustment of sexual assault survivors. The purpose of the study was to further understand of the impact of helpful and harmful aspects of social support. Participants were recruited from the psychology departments of three universities, with 1,744 women initially agreeing to participate. Of these participants, 353 women, 20.2% of the original sample, reported experiencing a sexual assault in response to a sexual assault screening measure used by

the researcher. Of the 353 sexual assault survivors, 262 indicated that they had disclosed their assault, and data from these participants was used for data analysis. The participants ranged in age from 18 to 50 ($M = 21.5$; $SD = 4.8$). The racial composition of the participants was 76% Euro-American, 6.5% as Black/African American or Caribbean Islander, 6.5% as Latina, 6.1% as Asian or Pacific Islander, and 4.9% identified as Native American, multiethnic, or did not indicate ethnicity. Follow up data was also collected after 6 months, and 189 of the participants provided responses at this point. There were no significant demographical differences amongst these 189 participants of the original 262.

Results showed that social support was positively related to self-appraisals, well-being, and adaptive coping. Negative disclosure reactions predicted maladaptive coping and were a stronger predictor of post-trauma adjustment than perceived social support. The author stated that this finding was consistent with previous research relating negative disclosure reactions to an increase in negative cognitions, preventing survivors from receiving support, and placing stress upon the coping resources of survivors. Interestingly, negative disclosure reactions were also correlated with higher levels of adaptive coping. Littleton (2010) suggested that this finding may reflect that survivors who experience higher levels of distress might devote greater levels of coping resources to manage their distress.

Frazier et al. (2001; 2003; 2004; 2005) conducted several PTG studies on positive life changes among sexual assault survivors. Frazier et al. (2004) preferred the term positive life change rather than PTG. They felt that positive life change is more inclusive and appropriate, as some people report decreased positive life change over time,

which is not indicative of long-term growth. However, these two terms are generally considered synonymous (Frazier & Berman, 2008). Frazier and Berman (2008) stated that only two studies regarding PTG and adult sexual assault survivors had been conducted prior to the series of studies conducted by Frazier et al. (2001; 2003; 2004; 2005).

One study (Burt & Katz, 1987), was described by the researchers as the first systematic attempt to identify and measure how survivors of rape grow and change in constructive ways as a result of their traumatic experiences. Their sample consisted of 113 adult female rape survivors who were recruited from several rape crisis centers and newspaper advertisements. Of these participants, 81% identified as White, 17% as Black, 1% as Asian, and 1% as Hispanic. All of the participants completed self-report surveys and 83 participants also completed an interview by the researchers. The survey and interview consisted of items that assessed both positive and negative life change after the rape occurred as well as self-concept and coping style. At least half of the sample reported some positive life change related to self, relationships, life philosophy, and empathy.

A second study was conducted by Kennedy et al. (1998) examining increases or decreases in spirituality and well-being among sexual assault survivors. Their sample consisted of 70 adult female sexual assault survivors who were recruited through local police stations, victim services programs, and rape crisis centers to complete surveys. Participants reported being assaulted from 9 to 24 months prior the study. The participants ranged in age from 19 to 36 with the average age being 30 years old. The racial composition of the sample was 66% African American, 16% Hispanic, 12% White,

and 6% identified as other. Results showed that 60% of the participants reported an increase in spirituality after being sexually assaulted and 47% reported an increased sense of well-being. Results also demonstrated that 20% of the participants reported a decrease in spirituality, and 47% reported a decreased sense of well-being.

Frazier et al. (2001) conducted a longitudinal quantitative study to examine positive and negative life changes after sexual assault. Their sample included 171 female sexual assault survivors ranging in age from 16 to 52. Seventy-seven percent identified as Caucasian. Participants were recruited through a sexual assault resource at a community agency that serviced several emergency rooms in a Midwestern urban area. They were offered follow-up counseling sessions for up to one year, and participants who attended at least one counseling session were recruited for study participation.

Frazier et al. (2001) collected data at two weeks, two months, six months, and one year post-assault regarding positive and negative life changes among the participants. They found that even just two weeks after the sexual assault, most participants reported experiencing positive life change. Participants who reported positive life changes at two weeks and one year post-assault showed the least amount of distress. Overall, reports of positive life change increased over time and reports of negative life change decreased over time. Also, those who reported positive life changes were less at risk for developing trauma-related psychological disorders, such as posttraumatic stress disorder. However, the authors did find a significant level of variability in individual patterns of change among the different domains.

To further examine this variability in the trajectory of patterns of reported positive life changes over time, a follow up study was conducted by Frazier et al. (2004)

to examine correlates of levels and patterns of positive life changes in sexual assault survivors. Data collected from the 171 female sexual assault survivor participants in the Frazier et al. (2001) study was used for analysis in this study. Frazier et al. (2004) examined several potential correlates of positive life change based upon previous literature, which were personal resources, environmental resources, and appraisal and coping. Personal resources included prior trauma exposure or crisis experience and demographic variables, such as gender, race, and ethnicity. Frazier et al. (2004) focused on prior trauma exposure and ethnicity. Environmental resources primarily consisted of social support from sources like family and friends as well as psychotherapy. Appraisal and coping referred to approach, avoidance, or religious coping styles and perceived control over the trauma.

Frazier et al. (2004) found that positive life changes reported soon after a sexual assault were most correlated with social support, approach and religious coping, and perceived control over the recovery process. These same factors were also correlated with increased positive life changes reported over time. They also found that the relationship between social support and positive life change was significantly mediated by approach coping, control over the recovery process, and taking precautions to avoid future sexual assaults. Control over the recovery process was the strongest mediator of the relationship between social support and positive life change. Frazier et al. (2004) suggested that this may be because survivors who have higher levels of social support might feel that they have more control over their recovery process and greater resources to manage their recovery.

Using the longitudinal data collected in the previous two quantitative studies discussed by Frazier et al. (2001) and Frazier et al. (2004), Frazier (2003) conducted a study to examine the relationship between perceived control and distress among sexual assault survivors. Past control/behavioral self-blame, present control, future control/future likelihood of sexual assault, and vicarious control were the specific types of perceived control examined in the study. Past control/behavioral self-blame describes the sexual assault survivor's level of perceived self-blame around their behaviors related to the traumatic event. Present control refers to the level of perceived control that the survivor has regarding their trauma-related symptoms in the present moment. Future control/future likelihood of sexual assault describes perceived control over the likelihood of being assaulted again, usually gained through the use of preventative and protective measures that a survivor might take. Vicarious control refers to the survivor's perception that another person or entity, such as the perpetrator or God, had control over the traumatic event, control over the current impact of the trauma, or control over the likelihood of being assaulted again.

Frazier (2003) found that past control/behavioral self-blame and vicarious past control were significantly correlated with higher levels of distress among the participants. Changes in perceived control were significantly correlated with changes in distress level over time in that higher levels of perceived control gained over time were correlated with lower levels of distress experienced over time. Present control was most significantly correlated with lower levels of distress.

Frazier, Mortensen, and Steward (2005) conducted two studies to examine coping strategies as mediators of the relationship between perceived control and distress

among sexual assault survivors. In the first study, they used data from the previous studies mentioned that was from a sample of 171 female sexual assault survivors. For the second study, a sample of 131 female non-recent sexual assault survivors was recruited from the community via a random phone survey of county residents. The participants in the second study ranged in age from 18 to 78 with 78% who identified as White, 17% as African American, and 5% representing other ethnicities. The sexual assaults of these participants occurred an average of 17 years earlier ($SD = 12$ years; range = 1 to 62 years).

In these studies, perceived past control/behavioral self-blame and present control were examined. Coping strategies assessed in these studies were problem avoidance, social withdrawal, cognitive restructuring, and expressing emotions. Results of the first study showed that social withdrawal mediated the relationship between past control/behavioral self-blame and distress. Higher levels of social withdrawal were correlated with higher levels of past control/behavioral self-blame and distress. They also found that social withdrawal and cognitive restructuring mediated the relationship between present control/control over the recovery process and distress. Lower levels of social withdrawal and higher levels of cognitive restructuring were associated with higher levels of present control/control over the recovery process and lower levels of distress. Results of the second study using the community sample showed similar results in that social withdrawal and problem avoidance mediated the relationship between past control/behavioral self-blame and present control/control over the recovery process. Those who engaged in higher levels of social withdrawal and problem avoidance were more likely to have higher levels of past control/behavioral self-blame and distress, while

those who engaged in less social withdrawal and problem avoidance were more likely to have higher levels of present control/control over the recovery process and lower levels of distress. Cognitive restructuring was not found to be a mediator in the second study, unlike the first study.

Most Recent Literature

Liu, Wang, Li, Gong, and Liu (2017) conducted a meta-analysis study examining correlates between PTG and PTSD symptoms. They argued that there have been inconsistencies in past research regarding the relationship between PTG and PTSD and hoped to offer more clarity on this topic. They conducted a review of relevant literature published between January 1996 and November 2015, including 63 studies of 26,951 patients overall. The researchers found evidence to suggest that PTG may be positively correlated with PTSD symptoms and that this correlation might be modified by age, type of trauma, and time since trauma. The authors suggest that trauma survivors who demonstrate PTG should also be assessed for PTSD symptoms and treated accordingly.

Schaefer, Howell, Schwartz, Bottomley, and Crossnine (2018) explored protective factors associated with resilience and PTG among survivors of childhood trauma, including physical or sexual abuse. They recruited 161 college students to participate in the study from the mid-southern region of the United States. Protective factors that were examined included support from friends and family, optimism, positive religious coping, and negative religious coping. Positive religious coping referred to seeking support from God, and negative religious coping meant turning away from God. The researchers found that higher levels of PTG were associated with greater optimism

and positive religious coping. Higher levels of resilience were correlated with family support, optimism, and positive religious coping. The authors suggest that optimism plays a protective role in both PTG and resilience and that exploring how survivors perceive religion and spirituality could be important. The researcher also emphasize that early intervention aimed at bolstering protective factors could help facilitate healing and growth.

Calhoun and Tedeschi (2006) have continued their research regarding PTG with a focus on multicultural considerations and on clinical applications of the PTG Model. Tedeschi, Shakespeare-Finch, Taku, and Calhoun (2018) presented a history of PTG theory, more current evidence to support the PTG Model, and suggestions for facilitating PTG. Moore and Tedeschi (2016) developed a workbook to educate trauma survivors about PTG with exercises focused on the PTG domains, processing trauma, and changing one's trauma narrative.

Tedeschi, Cann, Taku, Senol-Durak, and Calhoun (2017) conducted a research study to explore the two Spiritual Change items on the Posttraumatic Growth Inventory (PTGI; Tedeschi & Calhoun, 1996). They aimed to expand these items to integrate existential and spiritual change to better accommodate diversity and cultural considerations. The sample consisted of participants from three countries including the United States (n=250), Turkey (n=502), and Japan (n=314). The researchers developed and validated an additional four items regarding existential and spiritual change and revised the Spiritual Change (SC) factor on the PTGI to Spiritual and Existential Change (SEC).

Qualitative PTG Research

Most of the PTG research has been quantitative, with only a handful of studies using the survivors' narratives as the data source. Rosenfeld (2008) conducted a qualitative narrative study of PTG using a sample of ten participants, six men and four women, with various trauma histories. Van Manen's (1990) phenomenological method was used to formulate open-ended questions and to guide the interviews, coding, and analysis processes. Individual semi-structured interviews were conducted by Rosenfeld (2008) with each of the participants. A consensual coding process and three independent raters were used to transcribe the interviews, analyze the data, and monitor researcher subjectivity throughout the process. Rosenfeld (2008) found support for Tedeschi and Calhoun's (2004) model of PTG, including the factors of new possibilities, relating to others, changes in self, appreciation of life, spiritual change, and change in philosophy of life. Three additional themes emerged that seemed to facilitate PTG, which were effortful coping, narrative coherence, and wisdom.

The current dissertation study is partially modeled after Rosenfeld's (2008) research and uses Tedeschi and Calhoun's (2004) model of PTG as a theoretical framework. As previously mentioned, sexual assault survivors who reported positive life changes post-assault were less likely to develop trauma-related mental health disorders (Frazier et al., 2001). Increasing knowledge in the field regarding the role that positive life change and PTG might play in psychological recovery from sexual trauma could have important implications for clinical practice.

The purpose of the current narrative study is to develop a deeper understanding of the lived experiences of PTG among adult sexual assault survivors, who are

underrepresented in previous research. Studies have typically grouped participants who have experienced different types of trauma into one sample. It would be beneficial to understand the experience of PTG that is unique to those with different trauma histories, to explore potential similarities and differences. This study, for example, focuses on the experiences of PTG of sexual assault survivors. Another study might examine PTG within a sample of combat veterans, or survivors of domestic violence, or those who have experienced a robbery or mugging. Much more quantitative research of PTG has been conducted than qualitative research. Since Tedeschi and Calhoun (2004) described PTG as a transformative process, it seems as though qualitative methods might better capture richer, more in-depth information about the transformative aspect of PTG. It is also possible that the findings with survivors of sexual assault can contribute to further understanding of the overall construct of PTG.

Summary

Chapter Two provided a review of the models and research of most relevance to this dissertation research. The past research offers the rationale for conducting this dissertation research in that the literature review highlights the need for additional qualitative research with specific populations. Survivors of sexual assault being the selected population for this research. Chapter Three provides a description of the methodology, participants and analyses selected for this study.

CHAPTER III

METHODOLOGY

This chapter provides a description of the methodological theory for the design of this dissertation research, the participants, data collection process, and analyses. Similarities were drawn between the methods of this research and those of studies reviewed in Chapter Two. Due to the qualitative design, the researcher's personal perspective is also included.

Research Questions

The central research question for this narrative study was: What does it mean to be a sexual assault survivor?

The sub-questions were:

- 1) What negative life changes have been experienced after a sexual assault?
- 2) How do sexual assault survivors cope with the impact of trauma?
- 3) What positive life changes have been experienced after a sexual assault?
- 4) How does the experience of being sexually assaulted impact self-concept?
- 5) How does the experience of being sexually assaulted impact how one relates to others?

6) How does the experience of being sexually assaulted impact one's personal beliefs and attitudes about life?

7) What meaning do sexual assault survivors make of their traumatic experience?

Purpose of the Research Study

The purpose of this narrative study is to better understand the lived experiences of PTG among eight adult sexual assault survivors. For the current study, PTG was defined as a positive transformative experience among people who have been exposed to trauma that may coexist with symptoms of psychological distress. The central research question and related sub-questions stem from social constructivism and Calhoun and Tedeschi's (2006) theory of PTG.

Conceptual Framework

Clandinin and Connelly (2000) define narrative research as stories lived and told. There are several key features often present in narrative studies (Creswell (2013). Narratives speak of individual experiences, and can, therefore, allow for exploration of identity and self-concept. Narrative data is primarily gathered through interviews and also through observations, field notes, pictures, and other sources. Researchers often organize stories chronologically as they are typically not expressed in that order. Many times, there are turning points or pivotal moments within narratives that are highlighted by researchers (Denzin, 1989). Clandinin and Connelly (2000) suggest that researchers actively collaborate with participants developing rapport, providing helpful information, and consulting with them to validate the findings for accuracy. Restorying or retelling

narratives is a way for researchers to play a more active role in analyzing the data.

Restorying is a method of reorganizing data by time, place, or plot. (Reissman, 2008).

A narrative approach was chosen for the current study for several reasons. Personal narratives and self-disclosure are key components of Calhoun and Tedeschi's (2006) model of PTG. The authors described personal narratives as the story that an individual tells themselves about their traumatic experience. The stories often relate to how the individuals perceived themselves prior to and after the trauma. According to Calhoun and Tedeschi (2006), personal narratives and self-disclosure can initiate cognitive engagement that can lead to PTG. Cognitive engagement is the process of restructuring the personal narrative to accommodate the trauma exposure. Using a narrative approach most closely aligned with the concept of PTG as it was developed by Calhoun and Tedeschi (2006) as well as Rosenfeld's (2008) qualitative narrative study of PTG among trauma survivors.

A narrative approach also seemed to have the greatest potential to benefit the participants. It may facilitate PTG through providing an opportunity for cognitive engagement through sharing their lived experiences. The narrative approach might increase participants' self-awareness around negative and positive life changes related to the trauma and the transformative process of PTG, perhaps allowing them to reflect upon their healing, progress, and personal growth.

Theoretical Framework

The current dissertation was theoretically grounded in social constructivism. Social constructivism is a theory of learning that was developed by Lev Vygotsky (1978) and stems from cognitive constructivism. Cognitive constructivism is based upon Jean

Piaget's theory of cognitive learning (Piaget & Inhelder, 1969). Cognitive constructivists view learning as being constructed in response to external stimuli through processes such as assimilation and accommodation. Assimilation occurs when one modifies new information to fit existing cognitive schemas. Accommodation takes place when a person changes their cognitive schemas to make sense of new information.

From Vygotsky's (1978) perspective, cognitive constructivists did not consider learning to be a collaborative experience. According to Vygotsky (1978), knowledge is co-constructed through social interactions with language and culture playing essential roles as well as the perception of the learner. However, cognitive constructivists assume that learning is constructed in response to social interactions. A key difference between social constructivism and cognitive constructivism is around learning and social context. Vygotsky (1978) believed that social interaction was necessary for learning to take hold, and cognitive constructivists believed that social interaction and learning could occur separately. Social constructivists believe learning is a collaborative process, whereas cognitive constructivists believe learning is reactive. (Piaget & Inhelder, 1969; Vygotsky, 1978)

The focus of the study was how sexual assault survivors subjectively interpret their traumatic experiences. An assumption of social constructivism is that subjective experience is formed through individuals' interactions with others and influenced by historical and cultural norms (Vygotsky, 1978; Creswell, 2013). Sexual trauma is an interpersonal occurrence, and there are often strong and conflicting reactions, perceptions, and opinions among members of society about this topic. Therefore, it was important to examine how these interactions and cultural beliefs might influence the

subjective experiences of survivors. Participants' stories about past trauma were explored with themes and meanings emerging inductively.

Calhoun and Tedeschi's (2006) model of PTG provides a more specific theoretical framework for the current research. Although their model appears focused on the positive life changes and personal transformations that trauma survivors can experience, an important tenant of their perspective is that negative life changes, psychological distress, and even physical injury can occur simultaneously with PTG. The negative impact of trauma has been widely researched, including psychological symptoms related to depression, posttraumatic stress disorder, and substance abuse (Tedeschi & Calhoun, 1995). The current study explored both the negative and positive life changes that participants associate with their traumas and their transformative experiences of PTG.

Interpretive Paradigm

Social constructivism has also been referred to as interpretivism (Denzin & Lincoln, 2011). This philosophy suggests that people search for meaning and understanding within the world in which they live through interaction with others. Interpreting through the social constructivist lens involves focusing on the complex subjective experience of how each participant makes meaning rather than on narrowing data into a few categories. Four philosophical beliefs influenced interpretation of the data with a social constructivist perspective including, ontology, epistemology, axiology, and methodology (Creswell, 2013).

Ontology is a concept that refers to the nature of reality or being. An ontological assumption of social constructivism is that multiple realities are co-constructed through

lived experiences and social interactions (Creswell, 2013). The interview process and the exchange between the researcher and participant is a co-created reality. Multiple realities exist simultaneously among the individuals who bring their own perspectives.

Epistemology refers to how reality is known. In other words, it explores how we know what we know. When considered with a social constructivist lens, knowledge is co-constructed through interaction between the researcher and participant and shaped by individual experiences, including historical and cultural contexts (Creswell, 2013). Both participant and researcher bring their unique experience and perspectives into the research process and co-create what is learned.

Axiology is the consideration of individual values during the research process. Applying this concept to the current study, the values and subjective experience of the researched and researcher were considered and negotiated (Creswell, 2013). Clandinin and Connelly (2000) advocate for collaboration between participants and narrative researchers. This researcher was transparent about their roles as a doctoral student, a counselor, and a former employee of the rape crisis center. Potential biases were considered. Participants were encouraged to speak from their perspective as clients and colleagues, and there was an exchange of ideas that occurred naturally during the interview process.

Methodology refers to an approach to a research inquiry. A social constructivist approach uses a more literary style of writing with ideas emerging inductively through a consensus obtained by various methods, including interviews, observations, and analysis of texts (Creswell, 2013). A social constructivist paradigm was appropriate for interpreting the narrative data collected for this study because of the interpersonal nature

of sexual trauma and the collaboration between the researcher and the researched to co-construct knowledge.

Ethical Considerations

Institutional Review Board application. An application was submitted to the Cleveland State University Institutional Review Board (IRB) prior to participant recruitment and data collection. The application included a letter of approval from the rape crisis center where participants were recruited from, the participant recruitment flyer, the script for in-person recruitment, and the informed consent form that was reviewed with potential participants prior to collecting data. The informed consent form included information about confidentiality, potential risks and benefits of participation, and data collection and storage procedures. Only the primary researcher had access to the data during collection and analysis. Electronic data was kept on a password protected computer, and other documents were stored in a locked file cabinet. Appendix A contains the IRB materials related to this dissertation.

Confidentiality. Participants were informed that they would not have anonymity as the researcher knew their names and met with each of them in person. Confidentiality was carefully explained during the informed consent process. Participants were assigned pseudonyms, with the exception of one participant who felt strongly about her real first name being used. The researcher is the only person who knows the identity of the participants. The informed consent forms are the only documents that list participants' names. Some minor details within several narratives and retellings were changed to protect the identity of the participants. The researcher was mindful of maintaining the essence of their stories while protecting their identities.

Trustworthiness. Trustworthiness and rigor are important considerations of qualitative research. Research must be conducted in an ethical manner to ensure validity, reliability, and trustworthiness. Validity refers to how accurately research measures what it intends to measure. Internal validity or credibility address how the research findings match reality (Merriam, 2009). Reliability refers to consistency in what is measured and if results can be reproduced (Creswell, 2013). Validity and reliability can be more clearly established in quantitative research. However, there are various methods that can be used to ensure validation, trustworthiness, and authenticity in qualitative research. These three terms synonymously reflect accuracy in qualitative research (Creswell, 2013). Regardless of which research method is used, studies must be grounded in thoughtful conceptualizations and ethically collect, analyze, and interpret data (Merriam, 2009).

Trustworthiness can be established by member checking, reflexive field notes, journals, and memos, clarifying researcher bias, triangulation, peer review or debriefing, rich, thick description, prolonged engagement and persistent observation in the field, negative case analysis, and external audits. Several of these methods were used in the current study as standards of trustworthiness and rigor. Member checking was incorporated by asking participants to review their transcripts for accuracy and being available for discussion and consultation. Reflexive field notes and memos were created and referenced throughout the process of collecting and analyzing data. Clarifying researcher bias was explored and explained through discussing the role of the researcher and how the researcher was situated in the study as a counselor, student, and colleague. Peer review and debriefing was also achieved by consultation with two voting and reviewing dissertation committee members.

Participants

A purposeful sampling method was used to recruit participants (Creswell, 2013). As an incentive, participants were entered into a raffle drawing to win one Amazon Fire 8HD Tablet valued at \$79.99. The researcher placed tickets numbered one through eight into a hat and blindly chose the winner. The winner was notified and given the tablet. The remaining participants were informed that someone else won the tablet. Eight adult sexual assault survivors were recruited to participate from an urban rape crisis center. Participants identified as females and ranged in age from 27 to 70. Four participants identified as Caucasian, two identified as Latina, one identified as Caucasian and Latina, and one participant identified as African American. Five participants identified as Catholic, one participant identified as Jewish, one identified as Christian, and one participant did not identify as being part of an organized religion. Participants reported socioeconomic status ranging from middle to upper middle class. Five participants had been divorced. Currently, two participants were married, one was engaged, two were partnered, and two were single. Time since they were sexually assaulted ranged from 18 months to 49 years at the time of this study. Participants engaged in a 60-80 minute semi-structured interview conducted at a rape crisis center. The researcher met with several administrators and therapists at the rape crisis center, explained criteria for participation, provided flyers about the study, and asked them to refer appropriate former clients, volunteer advocates, and employees for the study. The researcher also attended an ongoing support group for former counseling clients to provide information about this study of PTG and recruit participants. Therapists, administrators, and staff informed potential participants about the study and provided

them with the researcher's contact information if they wanted to learn more. Potential participants then contacted the researcher to express their interest and discuss further. Interviews were scheduled to take place at the rape crisis center for those who volunteered.

Five participants had completed individual and/or group therapy at the rape crisis center and demonstrated significant therapeutic progress as determined by therapeutic services staff and administrators. Two participants were employed as therapists at the rape crisis center, and one was employed as an administrator. As employees, they had been trained extensively in sexual trauma and had a strong support system of colleagues. The rape crisis center agreed to provide additional services should any of the participants need support during or after the study.

Data Collection

Data was collected through audio-recordings of the individual semi-structured interviews. The interviews were conducted at the rape crisis center to provide a familiar, comfortable space where they could receive immediate support if needed. The research questions were based upon past literature and Calhoun and Tedeschi's (2006) model of PTG. The interview questions parallel the central research question and sub-questions. They address the areas of negative life changes, positive life changes, coping, self-concept, relationships with others, and personal beliefs and attitudes about life. A detailed list of interview questions as they relate to each of the research questions is contained in Appendix B.

The recordings were transcribed and coded by the researcher. Field notes were recorded immediately following each interview, including when the interview took place,

behavioral observations, and impressions. Field notes were reviewed and expanded upon while listening to the recordings and transcribing the interview data. Recordings were listened to multiple times for accuracy of words, inflection, and meaning. After transcription, audio files were destroyed, and participants were offered the opportunity to review and discuss their transcripts.

Three cycles of coding were used to analyze the data. Descriptive Coding was used in the first cycle of coding to allow themes to emerge organically. Emotion Coding was then used to capture the essence of transformation that participants experienced during their healing processes. Finally, Structural Coding was used to identify themes that answered the interview questions (Saldaña, 2016). The researcher as focused on the stories and lived experiences of the participants, including chronology, epiphanies, and the larger meanings of the narratives. Restorying was used to introduce the participants, organize the narratives by time, and highlight emerging themes, which is presented in Chapter Four.

Transcriptions of the interviews were saved on a password protected computer while the study was conducted. Upon reviewing and analyzing the information, audio recordings were destroyed. Participants' names are on the informed consent forms but not on any other research materials. Each participant was assigned a number and a pseudonym with the exception of one participant who requested that her real first name be used. The number and/or pseudonym was referenced on all data other than the informed consent form and only known by the researcher. Transcripts will be stored in a locked file cabinet in a locked office at the researchers' university for three years after the study is completed.

Researcher's Perspectives

As is traditional in qualitative research, the researcher is frequently another source for data. This can take the form of maintaining a field journal or in providing personal context for the focus of the research. Field notes provided a record of a researcher's observations while gathering data and were written immediately following each interview (Merriam, 2009).

As a researcher, I brought both personal and professional experiences regarding sexual trauma to the study. Personally, I have known several people with trauma histories, including sexual trauma and military combat trauma. Professionally, I was a counselor at an urban rape crisis center for approximately 18 months. I also have experience conducting psychological assessments of children with complex trauma histories and have worked with trauma survivors and clients with other mental health disorders in university counseling centers and community mental health agencies.

I have received extensive training and clinical experience in working with sexual trauma survivors, and this is an area of specialization in my professional work. I have witnessed the debilitating effects that sexual trauma can have on an individual through my therapeutic work with clients and in my personal relationships with trauma survivors. Symptoms related to sexual assault that I have observed are feelings of shame, guilt, self-blame, loss of control over one's life, anxiety, depression, decreased self-esteem, and interpersonal difficulties. Sexual trauma can negatively influence how one perceives themselves and can interfere with personal relationships and daily functioning. I have also seen clients at very different stages of the healing process. In my experience, for many trauma survivors the two important aspects of healing were (1) trying to make

sense of or find meaning in their trauma and (2) trying to discover and/or create positive changes post-trauma. It has been inspiring and humbling to witness clients engaging in this transformative process.

As a counselor working with sexual trauma survivors, I have also witnessed what Calhoun and Tedeschi (2006) described in their discussion of trauma, self-concept, and personal narratives. Clients seem to perceive themselves as who they were before the trauma and who they are after, with a clear distinction or divide between the two. The stories that survivors tell themselves about their trauma and how it has influenced their self-concepts and beliefs and attitudes about the world seem to evolve throughout the healing process. Their stories seem to help them make sense of their traumatic experiences, including strengthening their self-concept. The healing processes that I have witnessed are reminiscent of cognitive engagement leading to PTG as described by Calhoun and Tedeschi (2006).

I recognize that my professional and personal experiences related to sexual trauma could potentially influence the dissertation research. My background has led me to believe that some people who are exposed to traumatic events experience PTG. While I believe that all trauma survivors have the potential to grow from their traumatic experiences, I do not believe that all people realize the transformative process of PTG. While there is potential for personal bias to play a role in my interpretation of data, I approached the pilot research for this dissertation with an open mind about what I might find. The pilot consisted of interviewing counselors who worked with trauma survivors. As a counselor interviewing other counselors with similar professional experiences, I did my best during the interview process to distance myself and allow space for their

thoughts and experiences. I assumed the role of a researcher responsible for obtaining the stories of their work with sexual assault survivors. I remained open to the variability of individual trauma responses and interested in hearing about negative and positive life changes. I have experienced receiving feedback from my co-researcher and peers as I developed the current study and conducted data analyses to strengthen the study and limit the influence of my personal and professional bias.

Summary

Eight survivors of sexual assault participated in this qualitative narrative study of PTG that explored the meaning and lived experience of being a sexual assault survivor. Research questions were grounded in social constructivism (Vygotsky, 1978) and the PTG Model (Calhoun & Tedeschi, 2006). Theoretical and interpretive paradigms were discussed. Interview questions were adapted from Rosenfeld's (2008) narrative inquiry of PTG among survivors of various types of trauma. Data was collected in audio files and transcribed by the researcher. Participants had the opportunity to review and discuss their transcripts for accuracy.

Three cycles of coding were used to analyze the data, including Descriptive Coding, Emotion Coding, and Structural Coding (Saldaña, 2016). The themes which emerge from the participants and the field notes were compared with results of previously published research. Retellings of narratives are reported in Chapter Four to introduce the participants to the reader and to organize their stories. The results and segments of transcripts are reported in Chapter Five and discussed in Chapter Six.

CHAPTER IV

NARRATIVES

The purpose of this narrative research study was to better understand the lived experiences of sexual assault survivors and to explore the concept of posttraumatic growth (PTG) among this population. For this study, PTG will generally be defined as a positive transformative experience among people who have been exposed to trauma that may coexist with symptoms of psychological distress (Tedeschi and Calhoun, 2004). The following research questions guided the collection and development of these narratives.

The central research question of this study was:

What does it mean to be a sexual assault survivor?

The sub-questions were:

- 1) What negative life changes have been experienced after a sexual assault?
- 2) How do sexual assault survivors cope with the impact of trauma?
- 3) What positive life changes have been experienced after a sexual assault?
- 4) How does the experience of being sexually assaulted impact self-concept?
- 5) How does the experience of being sexually assaulted impact how one relates to others?

- 6) How does the experience of being sexually assaulted impact one's personal beliefs and attitudes about life?
- 7) What meaning do sexual assault survivors make of their traumatic experiences?

Caine, Estefan, and Clandanin (2013) discussed the methodological commitments and relational considerations of narrative inquiry. According to Caine, Estefan, and Clandanin (2013), there are three dimensions of narrative inquiry space: temporality, sociality, and place. Temporality refers to aspects of time. Sociality considers how the participant is situated with others and with society as a whole. Place within narratives can include where the researcher and participant have come together as well as places from the past recalled by the participant. Each story is lived and shared within larger familial, social, cultural, and institutional contexts.

Clandanin (2013) suggested that there are two approaches to narrative inquiry. The most common approach is a conversation between the researcher and participant, often in the form of a semi-structured interview like the one used in this study. In the second approach, the researcher lives alongside the participant as they share their stories. Researchers join with participants in the midst of their narratives, developing an inquiry relationship with one another.

Participants were recruited through a rape crisis center. Those who were eligible for the study were adults who had experienced sexual trauma. Both employees of the center and clients who had completed treatment there were invited to participate. In addition to my position as a researcher, I had previously worked at this rape crisis center as an intern and full-time counselor. Therefore, I knew three of the participants

professionally prior to the study and had maintained a friendship with two of them over several years. I had not previously met the remaining six participants but did disclose to them that I had been employed at the rape crisis center as a counselor several years before. My past affiliation with the rape crisis center, current status as a doctoral student, and interest in hearing survivors' stories were a factor in the inquiry relationship I developed with participants.

Retelling

Retelling or restorying is a form of narrative analysis. Researchers can use this framework to identify key elements of a story, more deeply explore meaning, and re-organize narrative data (Creswell, 2013). Clandinin and Connelly (1998) identified four key aspects of narrative inquiry which are, living, telling, retelling, and reliving. People live their experiences and tell stories about them, to themselves and to others. Retelling and reliving occurs and reoccurs over time. As someone reflects on a story and shares it with others, its meaning can change and evolve. As a person is reliving and re-experiencing that narrative with others alongside them, a new narrative is co-constructed by the teller and the listener.

The three dimensions of narrative inquiry were considered during restorying, which are temporality, sociality, and place (Caine, Estefan, and Clandinin, 2013). Participants' stories were organized by describing their lives before, during, and after their sexual trauma. Information was gathered regarding their personal and familial relationships, cultural and socioeconomic considerations, spiritual beliefs, and how they perceived society's views of rape and sexual assault. During the semi-structured interview, participants retold and relived their experiences with me as the researcher at

the rape crisis center, a place where they had been clients or were employees. This was a novel experience in a familiar setting about past trauma that they had lived, told, re-told, and re-lived.

Retelling was used to organize their stories by time, identify pivotal events, and develop a deeper understanding of their experiences and healing processes. Each retelling begins with a brief introduction of the participant, a description of our meeting, and how they came to participate in the study. The narratives contain direct quotes from the participants to convey their experiences in their words. Some details of their stories were changed to protect their confidentiality. Pseudonyms were assigned to seven of the eight participants. One participant asked the researcher to use her real name. She expressed that this was very meaningful to her because she believes that abuse thrives in silence. She was silent for years about her abuse and does not want to remain silent.

Erika

Erika self-described as a 27-year-old Caucasian engaged straight female. She lives in a suburban area with her fiancé. Erika was raised Catholic and has since explored a variety of different religions and churches. She believes in a higher power and has integrated Buddhist beliefs and practices into her spiritual life. Erika and her brother were raised by a single mother in a middle-class suburb. She recently started a small business and works as an event coordinator. Erika was a client at a rape crisis center and then began volunteering there on a weekly basis. Her volunteer work included hospital advocacy for sexual assault victims, supporting them while rape kits were conducted and during interviews by law enforcement. At the time of this study, she volunteered on the 24-hour text/chat hotline. She had a sexual assault awareness Facebook page/blog where

she went public with her own history of sexual abuse and domestic violence. She finds purpose in supporting other survivors, raising awareness about sexual abuse, and in prevention efforts. She recently decreased her volunteer hours and inactivated her Facebook page/blog to focus more on caring for herself and planning her upcoming wedding.

Erika learned about this study from a staff member of the rape crisis center. We spoke on the phone once to discuss the study and schedule the interview. On the day of the interview, as I settled into the rape crisis center office that served as our interview space, Erika called to inform me that she was running late due to heavy traffic. Despite her hectic morning, she appeared quite calm and offered apologies for her delay. We greeted one another, and I expressed gratitude for her time and willingness to share her story with me. She was dressed in business casual attire and planned to start her workday after the interview. Erika seemed eager to participate in the study, viewing it as an opportunity to strengthen her self-awareness and educate others about sexual assault. She was poised and expressive as she responded to questions and shared her experiences. During the informed consent process, Erika requested that her real first name be used in this study rather than a pseudonym. She believes that silence disempowers survivors, and she does not want to be silent about her abuse any longer. It seemed very meaningful to her to use her real first name.

Erika does not have strong memories of her childhood. She and her brother were raised by their single mother who often worked outside of the home. Erika's father was not involved in her life while she was growing up. Her mother had a long-term boyfriend who lived with them for many years. He was the primary father figure in Erika's life. She

described dysfunctional relationships amongst her immediate and extended family members. Most of her family members had experienced multiple divorces and some had difficult relationships with one another.

Erika was a shy teenager who “became a people-pleaser,” caring more about others than herself. As a 14-year-old freshman, she was in the process of developing her own identity and wanted to be accepted by her peers. She was shocked when a popular 18-year-old senior expressed interest in her:

There's just a lot of changes going on, and I just remember this high school senior who was pretty well-known. He was pretty popular. He was more like... kind of like the class clown. People really knew him, and I just remember he said ‘hey sexy’ to me in art class. I remember being in disbelief like, he's not talking to me like a freshman. The senior who is well-known is not talking to me, and you know I was in sort of a tomboy phase. I was wearing like skater clothes. I certainly didn't feel sexy and he was talking to me. When I looked at him, he was looking right at me and I just remember like not knowing what to do. I kind of like just looked down. I remember probably smiling like is this really happening, and then he just decided to keep talking to me.

This was the start of Erika’s relationship with her high school boyfriend who became emotionally and sexually abusive towards her. Erika said that her teachers seemed to question their relationship, but none of them ever intervened. Erika shared that her ex-boyfriend “groomed” her and her family as a way of manipulating and controlling them by making efforts to appear charming, polite, and helpful. “He did a lot of grooming on my family, you know to be able to come over whenever he wanted and that sort of

thing.” Looking back, Erika wishes that her mother would have done something to stop this relationship. Erika later learned that her mother’s live-in boyfriend disapproved of Erika dating an 18-year-old man and often argued with her mother about the situation. Her mother’s boyfriend showed his disapproval to Erika by shutting down and ignoring her at times. He ended up leaving her mother when Erika was still in high school without saying goodbye to any of them. This was an emotionally painful experience for Erika. She had already felt abandoned by her biological father and felt that same sense of abandonment all over again.

In the midst of the abuse, Erika did not fully realize or understand what was happening but often felt like something was wrong. Her boyfriend made her feel badly whenever she:

brought up a complaint or a concern. It was flipped around on me, and it really told me at the time, a 14-year-old girl, that you’re not allowed to feel upset.

You’re not allowed to feel angry because the result of it is you are wrong, and so I went through life wearing a mask like everything was fine. I’m okay but really it wasn’t okay.

Erika worked at a fast-food restaurant while in high school. Police officers frequented the restaurant, and there was one officer, in particular, who seemed friendly and trustworthy. Erika was around 16 years old at this time and had started developing more awareness that her boyfriend was mistreating her. One morning while working the drive-thru window, she began to confide in this officer about her abusive relationship. She does not recall exactly what she said to the officer but remembers that he seemed very concerned for her. He responded by coming inside of the restaurant and trying to ask

her more questions about her boyfriend. She appreciated his concern, but she was terrified that her co-workers, many of whom were fellow students and friends of her boyfriend, would tell her boyfriend that she spoke to police. Erika felt that this police officer had failed her, wishing he would have been more discrete and offered her the option to speak with him at the police station. She was too afraid to pursue the matter any further at that time after this incident.

After two years of “verbal, mental, and sexual abuse” by her boyfriend, Erika’s self-esteem was at its lowest. She felt exhausted and miserable and decided that she could not continue to be with him. Erika found the strength to leave this relationship. Her ex-boyfriend was very angry about her decision. He tried to manipulate her into staying with him and even reached out to her family and friends to support his efforts. Thankfully, her family and a few close friends supported Erika’s decision. Her ex-boyfriend made frequent attempts to “insert himself” into her life in various ways and engaged in stalking behaviors that gradually subsided.

This relationship, as well as the dysfunction modeled by the adults in her family, gave her a distorted perception of love and relationships. She described being “codependent” with a poor sense of identity. Erika’s “codependency” affected her friendships and romantic relationships throughout her teens and early 20s. She developed trust issues and was in several “unhealthy relationships with men.” She was often too trusting of people or did not trust them at all. Erika also focused on pleasing others without considering her own needs and wants.

Erika shared an epiphany she had five years ago during lunch with a friend who she used to work with. She came to realizations about unhealthy patterns in her

relationships. The night before her lunch date with her friend, Erika had been in an intense argument with her boyfriend at that time. She wanted to leave his apartment to get away from him, and he would not let her. He repeatedly pushed her down and physically restrained her from leaving. She was completely exhausted and almost cancelled her meeting with her friend, but her instincts told her to meet her friend as planned. Erika tried to pretend she was okay like she typically used to do, but her friend immediately asked her what happened the night before, recognizing that something was wrong. Erika was surprised that her friend had noticed. She began discussing her current and past relationships and realized that she was a victim of sexual abuse and “domestic violence” in multiple relationships. She recognized the significant impact that her first boyfriend had on how she viewed herself and how she related to other people.

She describes this day as hitting:

rock bottom because you know like I told you in the beginning of this interview, it really set me up for all these really unhealthy relationships. I realized that holding someone against their will, not letting them out, all these things, that's domestic violence too. So, then as I was telling this story this person just started asking more about my life and my past and so that's when I realized I was being raped by my first boyfriend because I was 14 and he was 18, and I remember telling my first boyfriend that I didn't want to have sex. I wanted to wait until marriage, and you know he just wouldn't take no for an answer with that, and so I just had all these realizations at once, and I was like a mess and I just was like I can't keep living this way. It's exhausting pretending. It's exhausting. So, that's just when I

decided to get help and I guess part of those pivotal moments is that there were people who genuinely wanted to help me.

Erika sought individual counseling. Developing trust with her counselor helped her to recognize her trust issues.

With abuse, it's hard because you have a lot of trust issues or both you can either be too trusting, you cannot be trusting at all, and so it's kind of conflicting because I was like that. I was too trusting of people and gave people the benefit of the doubt, but I also didn't trust people and so it was finding the right therapist who really was in my corner supporting me. So, I started building trust with her.

Erika's therapist asked her to create a family tree noting factors such as divorce and substance abuse. This process helped Erika gain insight regarding the impact that her family relationships had on her. Erika joined a 12-step program for those who grew up in dysfunctional families. She had a supportive sponsor who also helped her to resolve her trust issues and develop healthy relationship boundaries.

I just became really in tune with my intuition because the one thing I look back on is my intuition was kicking in all the time, but I didn't trust myself enough to pay attention to it or to listen to it and to make a decision based on what was happening inside me. So, I became really in tune with myself and my intuition and so if something felt off, I'm like okay, why is this happening and it's...a lot of times it was because there was a similar thing happening from my past and this person.

The first year of Erika's healing process was very emotional. She had suppressed her emotions for so many years and then they all seemed to surface at once. She needed

to nurture and care for herself as she learned to cope with her feelings. She recognized that she had lived her life seeking approval from others and had not fully developed her own sense of identity. With intention, she decided to prioritize self-care and self-discovery for one year. She made choices based on what she wanted and what her instincts were telling her, rather than on what other people wanted her to be or do. For Erika, this was essential to her healing process and gave her a significantly stronger sense of identity.

A couple of years into her healing process, Erika decided to report the sexual abuse she suffered by her first boyfriend to local law enforcement. She also decided to speak publicly about her experience as a sexual assault survivor via her Facebook page/blog. This was important for her own healing. She also hoped to offer validation and support to other survivors and to educate the public about sexual assault. Somehow, Erika's first boyfriend found her blog and commented in an effort to discredit her. She had not named him on the blog prior to this. When Erika made a statement in response to his comments, many women came forward to her via the Facebook page/blog disclosing that her ex-boyfriend had also abused them. This experience was validating for Erika but also made her feel sad and guilty for emotionally triggering these other survivors by sharing her experience. Erika felt obligated to support them, but this was also emotionally taxing for her to do.

During the past several years, Erika made efforts to re-connect with her mother's ex-boyfriend and with her father. Her mother's ex-boyfriend actually reached out to her a couple of years ago to apologize for leaving so abruptly and for how he handled things when she was younger. She met him for coffee and expressed her thoughts and feelings

about him leaving her family. She was able to share her perspective and learn more about his. She gained an understanding of what he was thinking and feeling during her teenaged years and since then. He is now actively involved in her life again.

Going through her healing process and planning her wedding also motivated her to address unresolved issues in her relationship with her “biological father.” Erika wrote a very frank letter to her father expressing her feelings about his absence in her life. She felt terrified to give him this letter because she feared that he would abandon her again, but ultimately felt she had only something to gain from sharing her feelings with him. She explained that she felt abandoned, angry, and resentful that he was involved in raising his two other children and not with her and her brother. She shared how his absence lowered her self-esteem and affected her relationships. Her father and step-mother were very receptive to her letter. Erika now has good relationships with them and is developing relationships with her half-siblings.

So, long story short, I sent it and my relationship with my biological father and stepmother has been phenomenal. I mean, it's just crazy. I just feel like and that's kind of the power of talking about what you need and what you want and talking about how something has affected you and this is your perception and your reality, and I think people can either accept it and go along with it and say how can we help you in this or there are people who get defensive and luckily for me, my mom's ex-boyfriend, my biological father, my stepmom have all been supportive in it, and I think that they really looked at it and said, wow you know maybe we fucked up here, and so how can we move forward. So, we've all really worked together to move forward and that's been really, really cool.

Erika is more “in tune with (her) intuition.” She has learned to trust her own reactions and set healthier relationship boundaries. Erika became more aware of the dysfunction in her relationships and the role she played in that.

So when you get into therapy or recovery and...and you're working on how you fit into these dysfunctional dances with other people, I think it's really wonderful like for me personally when I've been able to have these aha moments. When I've been like ‘oh this was normal to react based on abnormal situations.’ The problem I've come to know, even up until recently, is that there are people at least in my life that I've had dysfunction with and lost at times in that because when you become healthier, there are people who will either want to come with you and support you in that or there are people who will totally want you to be the old person you were because that's the person they like and so I absolutely experienced it where I have become healthier. I have set boundaries. I wouldn't allow myself to be talked to a certain way or abused or whatever and people don't like that and I've had to end friendships, long ones even, and that's hard but that's part of taking care of yourself.

Erika is at a point in her life when she wants to focus on taking care of herself and truly enjoy being engaged and starting her marriage. She feels deeply in love with her fiancé and enjoys spending time with him and sharing their lives. She appreciates that he loves and respects who she is as a person. They share many interests and believes and respectfully challenge one another to consider their different perspectives. Her relationship with her fiancé makes her feel loved, happy, secure, and excited about her future.

Erika and her fiancé were raised Catholic and have integrated beliefs and practices from other faiths into their own spirituality. Erika believes in God or a higher power and continues to identify her values and search for a church that feels like a good fit for her. Her fiancé engages in many Buddhist practices, and aspects of Buddhism resonate with Erika. Erika is hesitant to label herself as subscribing to Catholicism, Christianity, Buddhism, or any other religion. She has witnessed many people who call themselves Christian be judgmental of others and exclude people for various reasons. This is unsettling to her.

Just be kind and you know if you really, really believe in a God this big, He's going to take care of the rest of it, and so I'm in this weird place with it where sometimes I'll hear messages and I'm like, oh that sounds hokey or, oh that just doesn't feel right, but I absolutely do have a connection and faith. It's just I developed it... I don't want to say into my own, but just kind of my own I guess if that makes sense.

Erika has found great satisfaction in helping other sexual assault survivors. Her message to other survivors is that they are not alone or crazy even if other people make them feel that way. She wants them to know that there is help out there and supportive people that they can talk to. Erika encourages parents to have open conversations with their children about relationships, consent and to model healthy relationships in their own lives. "They can talk about what's a healthy relationship and what's unhealthy. More importantly, they can role model that." She understands how difficult it can be for survivors to understand their trauma and speak about it or for parents to have discussions

about sex and relationships with their children. However, Erika strongly believes that silence perpetuates abuse and that breaking that silence empowers survivors.

Abuse really survives in silence. I would say that so many times abusers will threaten and they can feel very real and sometimes they are and that's what's hard is that when you're threatened it's hard to be like would this really happen to me if I did something. So, that's why a lot of people don't say anything and it makes sense, but I think that the bottom line is that abuse survives in silence and the reasons abusers threaten or say things to silence you is because they don't want you to say anything and so that's where it's important to, if you can and I would definitely say an asterisk if there's a safe way to do it, to talk about it because you are very likely not the first person this has happened to. Many times, abusers are repeat offenders. They don't just abuse one person one time and that's it. It's a power and control dynamic going on and so if you're being abused it's hard because a lot of abusers isolate people too. So, that's where I just...it kind of goes around and around...I would hope that someone could feel that they could call the police and pray to God that the police would believe them and do something to intervene or pray to God that an adult they told or trusted friend could help them in this because this isn't something that can be done alone. That's where it's hard because I think talking out loud there are all these solutions that can happen. It's just people are not educated enough to understand enough about trauma and how it all works and what happens and power and control and all those dynamics that going to abuse. So that's what's hard.

Erika's message to the field of counseling and psychology and to society in general is that:

If someone feels that they have entrusted you enough to talk about something horrific that has happened to them your number one job is to believe them.

They're trying to come to you to figure something out, listen to them. Support them. Offer the resources because you don't have to have all the answers. You can say things like 'how can I best support you right now,' even tell them that you're always there for them. You can most certainly believe them and what they've experienced.

Bernadette

Bernadette identified as a 35-year-old African American divorced heterosexual partnered Christian female. She lives in a suburb of a Midwest city with her two daughters and her boyfriend. Bernadette holds an administrative position at a rape crisis center and specializes in legal advocacy of sexual assault survivors. She has also worked in several positions within the criminal justice system as an advocate for juvenile delinquents and victims of crime. She expressed that supporting sexual assault survivors is her passion and true calling in life. I worked with Bernadette for approximately a year and a half. I was in a different department. We were colleagues who only saw each other at the office and had brief interactions at meetings and various events organized by the center. I had not seen her since I left that position eight years prior to this interview.

Bernadette learned about this research study from a colleague at the rape crisis center that mentioned that I was seeking participants. She contacted me via email to schedule this interview, which was conducted in an office at the center. Before

proceeding with the interview, we took a few minutes to greet one another and discuss how the center had evolved in the years since I last worked there.

The first time I learned that Bernadette is a sexual abuse survivor was when I viewed an interview on a national news program that aired on national television. The interview caught my attention because it involved the rape crisis center where I had worked six to seven years prior to this interview. A group of sexual assault survivors and one rape crisis center staff member were interviewed together with the intention to raise awareness about the impact of sexual abuse and assault. Bernadette disclosed that she was sexually abused for years as a child by her older brother.

Bernadette described growing up in a middle to upper middle-class neighborhood in a large city. She lived with her mother, father, and three brothers. Her father was a police officer, and her mother was a nurse. Bernadette shared that her childhood was “great” and that she lived in a comfortable home in a nice neighborhood. They took family vacations and she had nice things like clothes and toys. She does not have strong memories of her childhood, particularly before age eight, which is when she recalls her sexual abuse started. Her brother abused her until she was 14 years old. She suspects that her brother may have abused her prior to age eight and that she cannot access those memories.

Bernadette’s mother was battling a terminal illness during the years when she was being sexually abused. Bernadette was confused about her older brother being her protector and the person who was harming her.

I really didn't know what was going on, confused because at the same time when this person was doing what they were doing and causing harm, they were also

protecting me from other people per se because it was my oldest brother. He wouldn't let anybody pick on me, anybody harass me. He was the big brother that was doing bad things. So, it was really confusing in that sense.

She knew that what her brother was doing was wrong, but she felt that her mother's terminal illness was a priority over anything else that was happening in their lives.

I knew that it was something that was wrong and that I could not talk about because I was also dealing with at that time a parent that was terminally ill with cancer...that...So, that kind of superseded everything that was happening in our lives, dealing with my mom who was sick. So, I really didn't deal with it because the focus was so much on her and making sure that she stayed alive.

Bernadette does recall often being in trouble and getting punished for bad behavior as a child and throughout her teenaged years. She was smart and a good student, but often talked back to her parents and “fought all the time...at home...at school.” She seemed angry all the time. Bernadette's mother was concerned about her behavior and admitted Bernadette to a psychiatric facility. She was evaluated and sent home. The facility determined that Bernadette was not suffering from any mental illness.

Bernadette's fights were usually verbal arguments. One day when she was 14 years old, a fight with a peer became physical. As a result, Bernadette was arrested and sent to live in a detention home, then foster care, and finally a group home. She found herself living with other troubled kids who had grown up very differently from her. Many of these kids were raised with less structure and fewer financial resources than Bernadette. Bernadette felt like an outcast. Other children stole from her and were

aggressive towards her. She felt like she had to be aggressive in order to protect herself and feel some sense of control.

Bernadette shared that none of the mental health professionals, physicians, case workers, or law enforcement officers she encountered during this time ever asked her about her home life, the impact of her mother's illness, or if anyone was abusing/harming her, which now perplexes her and makes her angry.

Basically, I don't ever remember anyone asking me any questions about whether anyone was doing anything to me. I got to Cleveland Christian home and it was just...I was placed in an environment that was so outside of the spirit of people that I grew up around. So, I grew up with two parents, working father, worked in law enforcement. Mother was a nurse. Grew up in the part of Cleveland with working parents, to the group home with people that that were living in, I hate to say it like this but that were living in poverty. Their structure was just different. Like, we probably had similar experiences but where we came from was completely different, and so I got placed in this home. Had clothes that were nice but got taken. My clothes were stolen. It was like I was put in this thing where I had no choice but to take up for myself or I would have got swallowed. So, I ended up fighting again and then got placed in the DH (detention home) and got sent away for a year or so. I was gone for about a year, but I was happy because the abuse had stopped.

Bernadette drank alcohol and smoked marijuana as a teenager. She described herself as a "fast girl" who was "very promiscuous" and "always hanging out with the boys." She expressed that this was her way "of having control and no control." When

Bernadette first came back home, her brother was away at college. He returned home shortly after that, though, and Bernadette could not bear to continuing living in her parents' home.

I got pregnant at 16 and moved out the house, but yeah life just afterwards was completely different, or I don't know what it was before to say different, but it wasn't normal. The way I maneuvered in the world wasn't normal anymore. So, the world is like me against the world, like I had a target on me, like everybody...it just seemed like I was maneuvering in a world that wasn't real at times and probably because I stayed high the whole time. Smoked a lot of weed. Back then the world was just...it wasn't friendly, and then I saw myself that either I had to be the aggressor in situations to make sure I have control or it was like, if I didn't, somebody else would do something bad.

Having a child was a profound experience for Bernadette. The responsibility of motherhood ultimately led her to make significant changes in her life. Bernadette lived with her daughter's father for a while, but:

He was abusive, a fighter...Stayed with him for a couple of years, and I just knew that I didn't want my child raised in it because I was raised in a horrible situation that nobody knew about, but I knew about the situation I had my daughter was in because I was part of the problem.

She had continued to attend high school during this time, remaining on the honor roll. When she graduated, she turned down scholarships to college and got a full-time job to support her daughter. Bernadette returned to her Christian faith to help get her through

this time as she adjusted to life as a single parent. She was focused on caring for her daughter and pushing forward. She did not want to get stuck in her past.

Bernadette was dedicated to her daughter and her advocacy work. She did eventually get married and had a second daughter. Her trust issues have remained with her and have affected her relationships. Bernadette does not trust others easily and is quick to let go of relationships. This has been helpful to her at times, but she understands that this quality can negatively affect her as well, not allowing her to develop deeper connections with people.

Bernadette has always been overprotective of her daughters. She does not allow them to be alone with many people and sleepovers are not an option for them. When her eldest daughter turned eight years old, the same age that Bernadette's sexual abuse began, it was an emotional trigger for Bernadette that brought back painful memories and unresolved issues related to her abuse. Bernadette had disclosed her sexual abuse to some colleagues during a social gathering. Her colleagues, one in particular was also a sexual assault survivor, did not respond in a supportive way. Her colleagues did not seem to want to speak about their own trauma, which gave her the impression they were projecting feelings of shame or even victim-blaming onto her. Bernadette now feels strongly that her brother is to blame for what he did, and she refuses to feel shame or guilt about her abuse.

Bernadette's marriage was in turmoil around this time as well. Her husband had been unfaithful. She attended individual counseling for the first time for support with her marital issues and to develop some healthier coping skills to manage difficult emotions. Through counseling, she realized how much she had hated herself and everyone else

when she was younger and how hopeless she had been. She recalled a period of time when she experienced suicidal thoughts.

At first it was...it went from, I hated myself. I hated life. I hated people. I hated the world. I saw no hope, no nothing, and then I started seeing like okay my life isn't that bad, like, what happened was horrible, and I don't like comparing traumas, but people are dying. People don't have a chance to live. I hear people when I worked at a jail. I'm working around all these ladies who had this in their background as well. They're in jail as adults. They're addicted to drugs. They're talking about how crying on the phone because of who hurt them has access to their kids and they're worried about that. I mean just hearing all of them, and I'm like, you know what? I'm okay. I'm on this end of it. Let me figure out how to get some more things in order, and that's how I started going to counseling because of that point in time there were still some things where I know I was affected, and then I got to the point where I started working in the field.

Bernadette discontinued counseling when she felt her initial needs were met. She returned to counseling after more incidents of infidelity by her husband. She went once with her husband and thereafter for support with her decision to divorce him. Again, she gained deeper insight regarding how her past sexual abuse was affecting her current relationships, mood, and parenting style. Although, counseling was beneficial to Bernadette, she believes that counseling is not essential for every survivor to heal. Bernadette thinks that each individual has their own unique experience and that some people are capable of surviving trauma by nurturing themselves and getting support in different ways.

When Bernadette returned to work at the rape crisis center again, she disclosed her sexual abuse to other administrators there. She had realized that her past trauma and professional goals were strongly interconnected. Disclosing that she is a sexual assault survivor helped her colleagues to understand her more deeply, and this improved her working relationships. This also led to more opportunities for Bernadette to pursue her passion for sexual assault advocacy. She enjoys educating law enforcement, colleagues, and community members about the impact of sexual assault and how to respond to survivors in culturally sensitive ways. She provides educational workshops to members of law enforcement and officers of the court. Bernadette also works with state-level organizations to affect social and political change in regard to sexual assault. Bernadette began sharing her history of past abuse and detainment in the juvenile system as part of her educational workshops. Eventually, a local news channel interviewed her about being a sexual abuse survivor and working for the rape crisis center. This story led to the nationally televised interview.

Many of her family members, friends, and colleagues first learned about Bernadette's sexual abuse through these local and national news stories. A number of family members reached out to her, particularly after the national interview. They were shocked to learn that her older brother abused her. Another brother of Bernadette's disclosed that their older brother had sexually abused him too. Bernadette learned that her ex-husband had told her father about her sexual abuse years earlier. Her father had not discussed this with Bernadette or anyone else in the family. However, when her father learned that his eldest son sexually abused his younger son, he was furious. He threatened

and disowned her eldest brother. Bernadette felt hurt by her father and angry at him for not showing any reaction when he learned about her abuse.

Although Bernadette expressed that she does not “like” her father and has a distant relationship with him, he now actually lives with her and her family in his older years. She moved him in with her to help care for him when he began having some health issues several years ago. Living together has not brought them any closer or improved their relationship. She seems to accept their relationship as it is.

Bernadette has continued to work hard at continuing to grow, help others, and be the best version of herself. She has relied on her Christian faith and her profession to help her to do this. She is very satisfied with her current job. Bernadette has been involved in different churches over the years and has struggled to find a church that is a good fit for her. For years she often asked God why bad things happen to children or why good people suffer sometimes. Ultimately, she does not believe that God makes people suffer. She accepts that bad things happen in life sometimes. Her questions to God eventually shifted to “What is my purpose? Use me as You see fit.”

She now knows that her purpose is to help sexual assault survivors. For the purpose of her own healing, forgiving herself was most significant. The Serenity Prayer is her favorite prayer and one that she often relies on for comfort. “God, grant me the serenity to accept the things I cannot change, courage to change the things I can, and wisdom to know the difference.” For Bernadette, dwelling on the past kept her miserable and stuck. Focusing on what she has control over helps her to grow and make progress. Bernadette shared that what her brother did makes no sense and that it was simply wrong and inexcusable. She hated herself for what he did for a long time. She forgave herself for

how she abused her body with drugs and alcohol and for being in relationships with abusive men. This was powerful for her. She puts her energy into herself rather than into forgiving her brother or anyone else who has wronged her.

Bernadette now feels better about herself than she ever has. “I see myself as this...um...resilient, strong individual that has accomplished a lot but has a lot to accomplish.” She never wanted to “be a statistic” as a sexual assault survivor, teenaged mother, or African American single mother. This along with her role as a mother have driven her to be successful and to find her purpose in life.

Her primary message to others is to “stop judging people for their actions and behaviors” because one never knows why someone is behaving a certain way. She knows what it is like to be judged and for people to make assumptions about her. She also wants each survivor to be able to heal in their own way.

Diane

Diane is 55 years old and self-described as a female Caucasian, Jewish, heterosexual divorced mother of two daughters. She has a Master’s degree in Special Education and is currently employed full-time as an early childhood special education teacher. She has been dating a man for five years and is uncertain about the future of their relationship. Diane described having a “basically normal childhood.” She was raised by her mother and father in a middle-class suburb along with her two brothers.

Diane heard about this study during a support group meeting at the rape crisis center. This particular support group meets once per month and consists of clients who have completed individual and/or group therapy at the rape crisis center. Diane walked into the interview room with her yoga mat. She was dressed in casual workout clothing.

The rape crisis center held weekly yoga classes that she attended regularly. Diane planned to attend yoga class after the interview.

I had set myself up in the armchair facing the office door, and Diane settled into the remaining chair with her back to the door. She appeared comfortable in her seat, often sitting cross-legged or leaning back. She brought a small round squeezable ball that she used as a tool to keep herself grounded in the present moment. Later in the interview, I learned that she typically chooses seats facing entrances. This makes her feel less anxious when out in public. She shared that she feels comfortable and safe at the center. Therefore, she did not feel the need to change her seat to face the office door. She asked several questions about post-traumatic growth and wondered if she was an appropriate participant for the study. She expressed that she thought participating would be a beneficial experience for her, and she also wanted to contribute to the cause in any way that she could.

Diane felt “normal” and comfortable with herself growing up.

I didn’t really think about feeling about myself. I was just myself. I felt normal. I felt pretty steady. I liked my life. It was fun. I was fine. I just had tons of friends and I rode horses and I played tennis and I went to school. I was a good student. I had a really great boyfriend, great relationships, and then I was blindsided.

In hindsight, Diane considers herself to have been very trusting and naïve because no one had ever given her a reason to feel otherwise. She enjoyed K-12 school and was excited to attend college and later, to pursue a master’s degree in special education. She had an active social life, often attending parties or hanging out casually with friends. She

was a junior in college when she met her ex-husband. They became close friends for about one year before they began dating.

Gradually, he became controlling, jealous, manipulative, and abusive. He used the information that he learned about Diane during their year of friendship against her when they were together. He would bring up her ex-boyfriends, berate her, and call her names. He forbade her to have male friends and gradually isolated her from her friends and family. They had some mutual friends, but her contact with other people was very limited. Diane said that this process was so gradual that she did not realize it was happening. She perceived him to be “insanely jealous,” not abusive. They would argue and then he would apologize, even becoming tearful at times. They would make up and things would be great again until their next argument.

Diane first went to counseling to address an “anger issue” that she developed as she tried to fight against him and “the craziness” of their relationship. When her ex-husband was verbally abusive by calling her names or when he was accusing her of infidelity, Diane often fought back verbally. She also physically abused her own body, sometimes banging her head on things or hitting objects in anger. She would lash out physically against her ex-husband by kicking or slapping him. She did not understand why these changes in her were happening.

When they married, the abuse continued to get gradually and progressively worse. Diane was verbally, emotionally, sexually, and eventually physically abused by her ex-husband. After earning her master’s degree, Diane was permitted to work part-time for a while as her husband completed medical school. After she gave birth to their first

daughter, her husband did not allow her to work outside of the home. She had a second daughter several years later.

Diane felt very isolated. She focused on caring for her daughters and taking care of their home. She kept in touch with family and friends but did not tell them about her marital problems. Her ex-husband presented a very charming image of himself to everyone they knew. So, most people assumed that they had a typical marriage. Her ex-husband did not want her talking to friends. She talked to friends when she could and socialized with other parents occasionally. She remembers calling friends from pay phones sometimes while she was out running errands. Sometimes, Diane would share something about her marriage with a friend or acquaintance that would elicit concern, which gave her some insight that her husband's behavior was wrong.

Diane said she fought against her husband's abuse for many years but eventually stopped fighting most of the time. He tried to normalize their relationship to Diane or make her feel "crazy," like she was the one doing something wrong. As the abuse escalated over the years, Diane became more fearful of her husband. Although, her husband had never been abusive to their daughters, she grew more concerned about raising them in this type of environment.

One day, Diane's husband bound her with handcuffs. This was terrifying to Diane and led her to emotionally break down. After this incident, she recalled considering telling her eldest daughter to call the police if anything bad happened to Diane. It was a disturbing thought to Diane, to consider that she may be in danger and to put this kind of responsibility on her child. It was a pivotal moment that led Diane to learn more about domestic violence and sexual abuse. She realized she needed support and guidance to

leave her marriage safely with her daughters. She sought support through a county agency for victims of domestic violence. This is when Diane learned about the services at the rape crisis center.

She began participating in a domestic violence support group. After she and her daughters were safely out of their home, Diane received individual and group counseling at the rape crisis center. She continues to receive individual therapy outside of the rape crisis center. She also still participates in the domestic violence support group and in a sexual assault survivors support group.

Diane likes helping other survivors and finds it important to her own healing process to have group support. She was surprised by how deeply she was affected by her abuse. Diane expected her healing process to be much quicker and more effective than it has been. "I was like 'Oh my God.' I mean I didn't realize how much worse I was going to feel before I could get better." She sometimes wishes that she could attend counseling every day as she thinks this form of intensive, consistent support would help her to process her trauma more deeply. In addition to individual and group counseling, support groups, and yoga, Diane has received reiki treatments, engaged in art therapy, and has begun seeing a therapist who does eye movement desensitization and reprocessing (EMDR). Diane is willing to do whatever she has to do to understand herself more and to feel better.

It has been nine years since she left her 25-year marriage. Diane still often feels emotionally numb and disconnected from herself and others. She does not feel completely like herself.

Life is hard. Wow...I'm definitely not like as...I'm not as easy-going as I was. I think that's a tough one, right. I don't feel as positive or optimistic or, like I'm not very high-functioning, and I can come across like I feel a lot better than I actually feel, and I can do that all the time. So, a lot of people have no idea and yet at the same time I have like no... I'm not like depressed or feel like I can't go on or I don't want to live. It's not like that, but I definitely feel...sometimes I don't even feel...so, like numb and just sort of going through the motions, and, which I definitely recognize is not...that's not a great way to live certainly. I actually feel like a puzzle that's been put together all wrong.

Diane expressed a pervasive feeling of disgust that has been difficult to get rid of, “not like I’m disgusting or dirty but that feeling is constantly there.” She associates this feeling of disgust with her ex-husband and past abuse. Diane does not like when people touch her unexpectedly. This can trigger the feeling of disgust. Her current boyfriend and others close to her are supportive and respect her boundaries. Diane has learned to cope with these types of emotional triggers much more effectively than she used to.

Diane has connected more deeply with some of her old friends, but she lost some friends after she left her ex-husband. Diane’s family struggles to understand the abuse that she suffered and what happened in her marriage. Her parents and brother try to be supportive. Her other brother and some of her friends sided with her ex-husband after their divorce. Diane understands why some of her family and friends continue to be manipulated by her ex-husband. She kept her abuse a secret for so many years, and her ex-husband does not let most people see his “dark side.” Diane mentioned that most people did see her ex-husband’s jealousy. His jealousy was the one thing that he had

trouble hiding from people. Diane has cut off contact with anyone who remains friendly with her ex-husband as a way protect herself and keep a firm boundary away from him. She feels hurt and disappointed about the relationships that she has lost but accepts things as they are. She has learned to develop healthier relationship boundaries.

Diane feels most happy and most like herself when she is working with her students and when she is with her daughters. She has also come to value and appreciate time and space to herself. Diane is grateful that she left her husband when she did so that her daughters could experience life away from that unhealthy environment. They were teenagers when she left him. The divorce was a big adjustment for Diane and her daughters. Her daughters have done well. Much like Diane when she was a child, her daughters were good students with a lot of friends and were involved in sports and extracurricular activities. They were able to stay connected to these important aspects of their lives, which seemed to help them with their own healing processes. They both went to college and are now functioning well as independent adults. Diane often goes skiing with one her daughters and started riding horses occasionally again. Her students bring her happiness and a sense of fulfillment. During these moments, she feels most alive and “comfortable in my skin.”

Diane believes that she has experienced a significant amount of healing and also believes that she has not yet healed enough. She is “not as shutdown. I’m more outgoing than I was. I’ve been dating.” Diane has moments when she is in support groups when she realizes how far she has come during the past nine years. “I guess that feels different but I don’t...I feel...I really don’t feel healed. That would be wonderful. I hope I get there.”

Diane shared that she has worked with “amazing” mental health professionals. She thinks that it is important for professionals and society as a whole to understand how deeply domestic violence and sexual trauma can affect people. She wishes that health insurance would cover more services because “there’s so much stuff that comes up and there’s not enough hours sometimes to really talk about it.” Diane believes that each survivor goes through their own unique healing process in their own time.

Frances

Frances self-described as a 70-year-old divorced straight single female who is a retired kindergarten teacher currently volunteering as an “environmental organizer.” She has a Master’s degree in Early Childhood Education. She grew up in a middle-class urban area. She was raised by her mother and father and had one sister and three brothers. Frances does not have children. She lives alone in an apartment in an urban area. Frances enjoys gardening and believes this is a very important hobby for people to have.

Frances emailed me expressing interest in participating in the research study. We spoke briefly over the phone to schedule a time to meet at the rape crisis center. Frances had been a client of the rape crisis center, completing individual and group therapy services. She was on an email list for those interested in volunteering, which is how she learned about the study. The day of the interview was the first time we met in person. She had shoulder-length, gray, wavy hair and was dressed in colorful, business casual attire. She had a soft voice but a firm tone, speaking clearly and assertively.

Frances described herself as a quiet, obedient child who spent most of her time reading books in her room. Her parents were hard-working and raised their children to be that way as well. Frances’ parents had traditional gender roles within their household.

Her father worked outside of the home doing industrial work in factories. Her mother was the primary caregiver to the children and took care of their home. Frances and her siblings were responsible for many chores. She recalled waking up early on weekends to do chores and tend to the household. Frances' father spent a lot of time working on cars and other projects in the garage. He was mechanically inclined and taught her brothers how to build things and take them apart. Frances' brothers have all built their own homes and can rebuild cars and trucks, which they learned from their father.

Frances suspects that her parents suffered from PTSD as a result of World War II. They both had "explosive-like anger" and she never knew what would set one of them off. Her father especially was a lot of fun when he was not angry. Her mother tended to be more serious and critical. Frances and her siblings were yelled at and spanked or beaten at times as punishments for bad behavior. She recalls being age seven or eight when she witnessed her brother get "beat." This led Frances to often keep to herself in her room where she would read for hours at a time. She avoided participating in family activities. Frances described herself as a "quiet, shy, tentative child" who learned to become a "people pleaser" to try to keep her parents happy. She had extended family who lived nearby, but her parents did not get along well with them. So, she mostly spent time with her immediate family until she went away to college.

Frances was naïve and not well-prepared to live on her own. "I think I was not equipped to take care of myself." Looking back, she had good intuition about people but did not listen to her instincts. She enjoyed living away from home and socializing with peers. It felt good when men paid attention to her and wanted to spend time with her.

If somebody asked me out, I always said yes. I didn't know how to say no, you know. It just wasn't anything I was taught, and I didn't observe it you know in other people like extended family or anything. When you said no in my family you got beat up.

Frances was raped three times by three different men, with about six months in between attacks during a one-and-a-half-year period of time while she was a college student. The first was a "date rape at his house." She felt confused because this was a man that she liked and blamed herself for putting herself in that situation. Frances even went out with him "a couple of times afterwards" even though she was very upset about what he did to her. "But I just couldn't see him anymore you know, and then I didn't tell anybody about it."

Frances became very depressed. About six months after being raped, she was hanging out with some friends and a man offered her some type of hallucinogenic drug. Although she did not use drugs, she accepted his offer. This man raped her while she was under the influence. Then approximately six months after this incident, a girlfriend of Frances' introduced her to a man that she dated for a while. When Frances broke up with this man, he became very angry. He physically and sexually assaulted her. She was terrified. Frances said she that she somehow talked him out of killing her, and he dropped her off at a medical center. She said that she was so depressed at this time that she had no will to live but kept thinking "my parents can't live through this" if this man killed her.

Frances had a mental breakdown after the third rape, and it took her years to fully recover. While hospitalized for her physical injuries, she also received psychiatric treatment for the first time. She was hospitalized for four months. Her psychological

symptoms were treated, but her trauma history was not explored or addressed during that time.

Frances recalls her parents being very angry with her when they came to visit her in the hospital. They insisted that she come home. Frances wanted to finish college rather than go home with them. She asked her brother to contact the man who assaulted her and tell him that she was moving back home. She convinced her parents to let her stay in school if she moved into a different apartment. They agreed. Frances went on to earn a Bachelors degree and then a Master's degree in Early Childhood Education.

Although Frances functioned well in her daily life but reported that for a few years after she was discharged from the hospital, she felt dead inside and even had a delusional belief that she was dead.

I mean I was convinced I was dead. I thought people...it was kind of like being psychotic. I walked around for years thinking I was dead, that my life was over, you know, and then I met my husband, and I didn't tell him I was dead. I got married. I felt bad because I thought, you know you shouldn't marry this guy. He doesn't know he's marrying someone who's dead. It was kind of a delusion or something.

Despite her delusions, Frances functioned well in her daily life. She got married and got a job as a kindergarten teacher. She thought that she had to learn to take care of herself as an adult and that her family would not keep in contact with her once she got married. She was surprised that her parents and siblings kept in touch during her marriage, though she did not have close relationships with them. Frances had been distant from her parents and siblings while growing up. Their relationships became even more

distant after they blamed her for being sexually assaulted and having psychological problems. Even in her marriage, she never expected her husband to take care of her. She always felt like it was up to her to take care of herself. She would not rely on anyone else to do that.

When she first got married, she would often cry during sex. Over time, engaging in sexual activity became easier for her to do. She disclosed to her husband that she was a victim of rape. He did not feel comfortable discussing the topic. Frances had a very successful teaching career. However, she was very passive at home, allowing her husband to make most of the decisions in their marriage. Her husband worked doing a variety of jobs. He had difficulty keeping jobs and was often unemployed. Frances was the primary wage-earner in their household with a stable job and steady income.

She suffered from PTSD symptoms throughout much of her adult life and long before she was diagnosed with PTSD. She indicated that, due to her history of sexual trauma and psychological distress, she chose not to have children. Frances began taking yoga classes to help calm her anxiety and PTSD symptoms. Her yoga instructor also suggested a nutritional regimen. Frances eventually developed a rigorous yoga practice including meditation. She practiced yoga and meditation daily at home and continued taking classes. She was taking good care of her mind and her body. One day, she realized she “wasn’t dead anymore.” She finally felt alive and connected to her body. She attributed this wonderful new feeling to yoga, and she began practicing it obsessively. She thought that if she stopped practicing yoga that she would go back to feeling dead inside. Her practice interfered with her sleep schedule and led her to feel exhausted. She

took a step back from yoga and meditation. Thankfully, she continued to feel alive and connected to herself.

Frances was married for 10 years when she and her husband mutually decided to end their marriage. She had become more assertive and the dynamics in their relationship had changed.

I was very people-pleasing. So, it was pretty much...I mean, I thought he was great. So, he made all the decisions, and I went along with everything that he decided, like where we were living, how we spent our time, how we spent our money, he you know...all of that, but when I finally had something I really wanted to do that was different, I wasn't able to negotiate with him. He was used to having his way a hundred percent. He just wasn't...you know he didn't have those skills either.

Her past trauma “didn’t make me able to completely trust somebody,” which affected her marriage. “I just never really had that like complete level of trust in him that I think is a good foundation to kind of make...make it through the rough patches.”

Frances continued to focus on her work and was very dedicated to her students. She went through bouts of depression and eventually sought treatment again from several mental health professionals, including psychiatrists, psychologists, and counselors. She was diagnosed with anxiety and depression for many years. Eventually, she was diagnosed with PTSD and Bipolar Disorder. Frances developed more clarity about her symptoms over the years. She would often experience insomnia when her symptoms worsened. She again began suffering from insomnia and depressive symptoms. Her psychologist suggested that she consider going on a medical leave from work. Frances

was exhausted and despite loving her job, she decided to retire earlier than she had originally planned to.

She was relieved that she no longer had the responsibility of her demanding job and that she could focus her energy on taking care of herself. However, after retiring, she quickly learned that working long hours was the primary way that she coped with her anxiety and depression. Without her work to occupy her mind, Frances' symptoms grew worse. Her most recent psychologist was the first to gather detailed information regarding her trauma history but was focused on treating her primary diagnosis at that time, which was Bipolar Disorder. Looking back on her treatment, Frances expressed frustration that the mental health providers throughout her life until this point had not assessed or addressed her trauma history. Frances had not yet processed her past sexual trauma and thought that this would be a good time to do so. That is when she found the rape crisis center.

The specialized trauma-focused treatment was very helpful to Frances. She developed much more self-awareness about the dysfunction within her family and the impact of her sexual assaults. She started with individual therapy and then participated in an eight-week round of group therapy. Frances' eyes would tear up during each of the eight group sessions, which she did not expect. Acknowledging that she belonged at the rape crisis center after so many years of not dealing with her sexual trauma was very powerful for Frances. "I think somehow there's just something... maybe... I think just addressing the fact that 'yeah I belong at the rape crisis center' you know." Services at the rape crisis center are limited to a certain number for each client in order to serve as many survivors as possible. Frances was sorry that she could not continue therapy at the

rape crisis center but glad that there was an ongoing support group and opportunities to volunteer.

Frances has lived alone in an apartment since her divorce. She keeps busy doing volunteer work but is careful to maintain a healthy balance of work and rest. At this point in her life, she would like to live with a roommate or even a romantic partner.

I don't really want to live by myself, but I don't enough trust to... I wouldn't have housemates that I don't know. I don't know what the solution is today. Yeah, I don't have a primary relationship. It's hard to tell somebody that you know you have a Bipolar diagnosis and that you've been hospitalized three times.

She has dated over the years but has not been in any long-term relationships. She has one good friend who is also retired and moved to Europe. She misses her friend and they keep in touch over the phone or visit when she is in town. Frances still finds it difficult to trust people and tell them details about her life.

Frances has developed a closer relationship with her brother and his family. They live a couple of hours away and invite her to visit often. She enjoys hearing from them and visiting them. However, Frances tends not to reach out to them first. She is not sure why that is. She typically waits for them to call her. Several years ago, she spoke to her brother about the impact of her sexual trauma. He disclosed that a college professor attempted to rape him when he was freshman in college. Her brother was able to safely get away from his perpetrator, but this experience had a profound effect on him. Her brother left school and walked away from a full scholarship for music, which was his passion. His life took a completely different direction as a result. Frances feels that he understands and respects her.

Frances is angry that multiple mental health providers she received treatment from over several decades assessed her trauma history and explored its impact on her mood. Frances acknowledged that when she was assaulted, it was a different era when addressing sexual assault was not openly discussed even by medical professionals. She believes that mental health treatment has significantly improved over the years. Frances also believes that therapists who treat trauma survivors should solely specialize in this area, much like teachers who specialize in working with students in a specific grade. She thinks that it is unethical to treat trauma survivors without intensive specialized training. Frances stated that she shared her trauma history with past mental health professionals, but it was not addressed until she came to the rape crisis center.

Frances' therapists and psychiatrists were focused on her symptoms of anxiety and depression, which could have been understood much better had they explored the impact of past trauma on her current symptoms. Frances would advise other survivors to "get really good help as soon as possible. Don't wait and you know come here."

Frances now describes herself as "healthy but damaged. In a lot of ways, I feel lucky." She gets satisfaction from her volunteer work. It is not as fulfilling as teaching was to her, but still satisfying. Tending to her garden also gives a significant sense of purpose and is one of her favorite activities. Life feels more manageable. Sometimes, fear or anxiety about something begins to surface, but she can now pause, focus on what needs to get done, and do it. She seems hopeful that she will somehow figure out how to achieve what seems challenging.

Helena

Helena identified as a 27-year-old divorced heterosexual single Latina female. She was raised Catholic and considers herself a Christian. Helena described herself as a single mother of a four-year-old girl. She had worked for several years as an intervention specialist at school for children with special behavioral and academic needs. She resigned from that position approximately three months after her sexual assault because she found the environment was too emotionally triggering for her. Helena left this position on good terms with her employer and may return in the future. She and her daughter moved back in with her mother. She is currently a full-time undergraduate college student majoring in Psychology. Helena has always had a passion for helping others.

Helena was a former client of the rape crisis center. She learned about this current research study through a support group for clients who had completed individual and/or group therapy at the rape crisis center. Helena was eager to participate. She emailed me the day after hearing about the study and scheduled her interview for a couple of days later. Helena was dressed in a long sundress, sweater, and sandals. She appeared comfortable in the interview room at the rape crisis center, often sitting cross-legged in her armchair.

Helena was born in Columbia and moved to the United States when she was four years old. She had a loving mother and grandmother. Unfortunately, as a child, Helena witnessed her grandmother and her mother be verbally, physically, and sexually abused by their husbands. Helena was never abused as a child but witnessing domestic violence had a significant impact on her. Helena grew up thinking that this kind of abuse was normal and that these were typical dynamics in relationships between men and women.

She also described being “conditioned to be a saver. Like, I had to save people, and I had to make everyone happy. So, I had to make everyone around me happy, and it was never about me. So, that was before this happened.”

Helena lived with her mother and stepfather as a teenager. Her stepfather was a good person, and she has a close relationship with her mother. Although her home felt safe and stable during this time, Helena began suffering from symptoms of depression and anxiety. She often felt angry and her behavior changed. She started skipping school and experimenting with drugs and alcohol. Her mother took her to several counselors during her teenaged years, but Helena “just wasn’t ready” to work through her issues. She did not feel comfortable with the counselors she met with and did not think they met her where she was at then. Her symptoms eventually subsided, and she stopped using drugs and alcohol.

When she was 20 years old, Helena met her ex-husband. They got married one year later, and Helena had her daughter two years after that. They were happy for a while, but he was very controlling and had anger issues. She tried to keep him happy and “keep the peace” but felt like her efforts were never good enough. Their home felt unsafe and uncomfortable. She became very anxious and depressed and started going out with friends when she could, drinking alcohol, and occasionally using drugs recreationally.

I was in a very unhappy marriage. I was very depressed. I was very anxious about everything. I was doing a lot of things that I should not have been doing, but that’s the way I coped with pain. That was my life. That was my survival skills. That’s how I was surviving. So, I was surviving.

She described her view of the world around her as “a very unsafe place. Everyone was out to get me. I felt worthless. I was very dark.” Helena left her husband and got primary custody of her daughter. He did not handle this well, and it took a while for this situation to de-escalate.

There was a man in her circle of friends with whom she became close. She considered him a friend. Her family got to know him as well. She knew that he had some “issues,” but she trusted him and felt safe around him. Helena and her friend went out to dinner one night and then back to his house to hang out and watch a movie. A casual, relaxing evening became terrifying when he sexually assaulted her. His aggressive behavior was completely shocking to her. She was “high and drunk” during the assault and had difficulty fighting him off. Despite being intoxicated, Helena remembers what happened.

Yeah...it was bad, and it was horrible, but at the same time, it was like a call from...from my higher self to be better and take responsibility for my ...my life...yeah...I went inwards, and I said something here is not right with me. I mean, I knew that this guy...there was something really messed up with him, but at the same time I wanted to know why I attracted this into my life, and I did, and I started doing all the work and I started doing therapy and...yeah...It was sad, and it was hard, but at the same time it was beautiful and it changed my life for the better.

She blamed herself even though he was the one who had done something wrong. Helena could not go into work the day after the assault because she was so distraught. She called off from work. In the midst of processing what happened to her, she received a

phone call from her mother. Her mother was crying and completely devastated as she told Helena that her stepfather had just committed suicide. Helena felt like she had to be there for her mother. She tried to push down what had happened to her and deal with her mother's grief as well as her own. About a month later, Helena broke down and told her mother about the rape. Her mother and other family members were very supportive. The women in her family had experienced violence perpetrated by men in their lives. They believed her and understood what she was going through.

Helena started individual therapy at the rape crisis center and also started attending Alcoholics Anonymous meetings. The first six months after the rape were very difficult emotionally for Helena. She felt significantly worse before feeling better. She had held in "many, many emotions from childhood" that surfaced, and she did not know how to cope with them. "I realized I had been holding back on my emotions and my...me...myself. So, basically, I was just, you know, a zombie." She frequently utilized the 24-hour support hotline through the rape crisis center as she learned how to identify and cope with her emotions.

The first six months were super hard because I didn't know like all the emotions that I had been stuffing and not expressing because I didn't even know what they meant. They finally all came out and it was...it was a nightmare. It was so hard. I thought I was going crazy, but Ruth my therapist she really, really helped me with everything, and this place has helped me. They have a hotline. So, you can text them anytime you feel like you're losing control of emotions, and that's how I felt before, throughout those six months. The first six months, it was like losing myself all the time.

Through therapy, she realized that she did not have any addictions. “That’s the way I coped with my emotions because I didn’t know what the heck was happening.” She learned healthy coping skills and how to develop healthy relationship boundaries.

I became really strong and stronger and stronger and I got the courage to go to group meetings and share my story and share things with other people that have been through the same thing. Now that I understand myself better and better understand feelings, emotions, thoughts, all those things, I don't need substances. I don't need an external thing to help me. I have me.

Helena trusts and believes in herself now.

Now I trust myself, and I believe in myself, and the world is not such a bad place anymore. Like, there are great things out there, and... I don’t know... I believe that you create your reality by what you think. Before, my self-talk was very negative. Now, I’ve changed my self-talk, and that has changed my life. With therapy and understanding, I was able to go within instead of looking for external things to make me happier. So, I just went inward instead of going outwards which I usually did, like relationships, parties, people, anything that was outside of me. I was so afraid to go inside of my head, inside of my heart, and with therapy I understood that it was a safe place to be, that I could be safe in my own body, and that's when I took time for me...for myself, and I started listening to my body. So, that changed my life completely, listening to my intuition, listening to my body, listening to... yeah...to me and being by myself. Before, I could not stand the feeling of being alone, but now I crave it so much. So, that was crucial for my transformation. So, it was very intense and unfair in the beginning, but now I feel

that it was something that had to happen for me to take my power back and take the driver's seat back to my life. So, I can say that I pulled the positive from the negative and I am...I don't know...I'm a different person. I am a different person after.

The support of her family and individual and group therapy helped Helena to heal, not only from her rape but also from childhood trauma. She is committed to her healing process. In addition to therapy and the support group, Helena meditates and has done a lot of research about trauma through books and online resources. Her psychology classes have contributed her understanding about herself and the people in her life. She still feels passionately about helping others but can do so now in a healthy way, not sacrificing herself and her own needs in order to help someone else. She no longer believes that it is her responsibility to save other people or to make them happy. She now sees the difference between helping people and saving them. Her faith in God and spirituality have also been a strong source of support.

I still believe in God, but I have a very unique relationship with Him, and I am very connected to Source...to Him...I just...I started believing that He is in everyone, and He is in everything that I do. Yeah. He guides me throughout my experiences and my life every day.

Over a year after Helena was raped, her perpetrator reached out to her and invited her to dinner. Helena accepted because she wanted to confront him about what he had done to her. Her family and friends were very concerned and did not fully understand her reasons for agreeing to meet with him. They supported her, however. Helena met him for dinner in a public place.

I confronted him. I told him in a very polite way because I know he's also hurting a lot, that he had hurt me, that it's not okay what he's doing, that he's not entitled to people and women. Like, we are not objects, and we don't belong to him. So, I was very firm but loving to him, someone that has hurt me so bad, and that's when I knew that healing... I knew the healing was working and taking place and being able to forgive him and understand where he's coming from. That was huge to me.

Helena's daughter has been a powerful motivator for her healing process. She wants to model self-confidence and healthy relationships for her daughter. Helena wants to break the cycle of domestic violence in her family.

I saw my mother getting abused, my grandma getting abused, both of them and... physically, verbally, sexually, like I had to presence all that. So, that was my reality. Yeah. It happened again. It happened to me, and that's when I was like okay, I'm snapping out of this because I don't want this for me or my daughter.

Helena still has started dating again. She still has difficulty being intimate with men after her sexual assault. Sexual intimacy triggers flashbacks of the rape.

Sometimes, when I'm intimate with somebody else, I have a hard time with that.

Yeah, because I feel... I know that they're not him, and they're not going to do the same thing, but it's just hard to... it's just... I don't let people in so easily like I used to. So, I don't know if that's a good thing or a bad thing, but I think it might be good.

She feels more self-aware and more confident. She is able to cope with difficult emotions as they arise.

Now, I am very self-aware. I am strong. I am confident. I don't allow negativity in my life, and that's because I love myself. So...and I'm happy. I'm just happy. I'm a happy person now. I've been working really hard on my depression and my anxiety, and it has faded. Like, it's not as strong anymore, and I understand where it comes from. So, when I'm feeling down, I allow myself to feel down, but I don't go down in that dark, dark hole and stay there forever without knowing where to go or how to move. Now I've learned many different coping skills, and I can get out of that hole faster and easier and that makes me the happiest.

Helena found therapy and support groups to be very helpful with her healing process. She also had to make herself a priority and thought of her self-care and healing like a full-time job. She believes that people have to be ready to receive that kind of support or it is not going to be effective. She wants to remind mental health professionals to consider each individual client and truly meet them where they are. Because each person is different and has different needs, this may require therapists to be creative in their approach.

Camilla

Camilla was the first person to contact me regarding participating in this research study. She had been a client at the rape crisis center who completed individual therapy and was currently participating in weekly therapy sessions facilitated by a private practitioner. She emailed me, and we then had a lengthy phone conversation when I called her to schedule a meeting time. Camilla shared much about her efforts to create change in how law enforcement and the justice system handle sexual assault cases. She had a role in policy changes in her local police department and made several trips to the

state capital to advocate for state-level changes. Camilla cancelled our first scheduled meeting stating that she had to work late. Then she had family in town for a while and did some traveling of her own. It took several months to find a convenient time to meet. I gave her many opportunities to opt out of participating. She kept in contact with me and seemed committed to find time to participate in the study despite her busy schedule.

Camilla identifies as a 50-year-old single straight White and Puerto Rican female. She considers herself to be Catholic even though she does not practice her faith by going to church regularly. She referred to her “birth mom” whom she has a close relationship with now. Camilla was raised by her father and stepmother who she calls “mom.” They live in Puerto Rico. Camilla lives alone in an apartment in a suburban area close to a major city in the Midwest of the United States. She has an adult child and a grandchild who live out of state. She is an executive assistant for a research department of local hospital and very much enjoys her job. She had been laid off for about a year from a previous position as a civil paralegal. She hoped to find a position like her current one but had difficulty securing this type of job. Finally, this job offer came through and she considers it a “dream job.”

Camilla described herself as hard-working and shared that her work is a significant part of her identity. “I tie my identity into work. So, without that, I didn’t have anything.” She also said that she has “always been a fighter.” She is outspoken and not afraid to speak up for herself and for others who may be wronged in some way. She is outgoing and enjoys socializing. She finds it easy to make conversation with people. Many of her friendships are with co-workers from her previous job. She also had some friends from her neighborhood and other people she had met over the years. She enjoyed

living alone with her two dogs. She would occasionally go out with co-workers or friends after work for dinner and drinks.

Camilla had become friendly with a couple who had lived in her apartment building for several years. She hired the man as a dog walker as she often worked long hours. She needed someone to walk her dogs, and she thought that this man and his girlfriend could use the extra money. Her neighbor would still walk the dogs occasionally during the year she was laid off if Camilla needed him to. He would also stop by to check in with her sometimes and see how she was doing. After being laid off for a lengthy period of time, she had only two unemployment checks remaining and felt anxious and stressed. Her neighbor/dog walker happened to visit one day when Camilla was crying and worried about her financial situation. "He would try to console me with a hug, tell me it'd be okay and then a week later, he rapes me."

One weeknight in May, Camilla met some friends for dinner. She had a few drinks while she was out, came home, and went to bed a short while later. In the middle of the night, her neighbor, the dog walker, quietly let himself in. Camilla woke up to this man sexually assaulting her in her room. She was shocked and terrified.

I was asleep when he came in, but I don't think they (the dogs) reacted. I know when he left, they were wagging their tails hoping for a walk. So, I don't bring anybody around my dogs. I don't let anybody come in.

Camilla texted a friend immediately after the rape. Camilla's friend encouraged her to contact police. Camilla called the police within 45 minutes to an hour after she was assaulted. They directed her to a local hospital where a rape kit was administered. The police interviewed her at the station later that day. The detectives seemed to doubt

Camilla's accusations. They suspected that nothing had actually happened or that Camilla's alcohol use that night had clouded her memory of the events. The detectives were also suspicious about her flat affect during the interview, implying that they expected her to be more emotional and upset. Camilla described the events that took place the day of her rape and how she was feeling.

I was drinking that night, not with my rapist, but I was drinking, and the detectives didn't even believe anything happened because they did my interview 19 sleepless hours after the incident. I called the police at 1:03 in the morning. I got to you (rape crisis center) then to then to the SANE nurse at about two that morning. I left at 7:30 that morning and went straight over to a friend's house. I couldn't go home because my rapist was still living below me. So, I couldn't go home to do anything, and at seven-ish that night they called me in to do my interview, and, like I said, I hadn't had any sleep. I was still in shock, and they said because I was so flat and non-emotional.

Camilla went on to share that her perpetrator denied her allegations when he voluntarily agreed to a police interview.

Then two days later, when he came in voluntarily, he was adamant that nothing had happened and he'd never touch me, and he willingly gave a swab. So, they actually believed him over me, and I'll tell you what that pissed me off right there. Then it took 18 days to get him behind bars and I was told you're lucky.

The rape and how police handled the situation made Camilla very angry. She later learned that her rapist had a lengthy criminal history, and she was upset that police still initially believed her rapist and not her. She used that anger to try to make changes to

systems that handle sexual assault cases. She had disclosed what happened to her to a friend who let her stay with him until her perpetrator was arrested. She told her parents what had happened to her. She also created a post on her Facebook page about her rape and what she was experiencing. Her parents were upset that she created this public post on social media. They were supportive of Camilla in general but were not comfortable with their friends and family knowing what happened. Her biological mother was more understanding and accepting of how Camilla handled the situation. The rape has put a strain on her relationships with her father and stepmother. They are still close, but typically do not discuss the sexual assault because of their difference of opinion.

During the weeks after the rape, Camilla was angry and in shock. She described herself as “numb and dumb” immediately afterwards. For the first six months after the rape, Camilla experienced significant emotional distress. She suffered from sleep problems, anxiety, rapid heartbeat and chest tightness, and her anger only increased. She put a night table in front of her door and added extra locks. She still had to find a job to continue to support herself. Thankfully, she was able to get her “dream job” as an executive assistant in hospital research, and her coworkers have been supportive as she has gone through the legal process. She started individual counseling at the rape crisis center right after her assault. She also went to work on her efforts to raise awareness and create change regarding sexual assault survivors. Her advocacy efforts gave her a sense of purpose and helped her to cope with what happened.

Camilla continued “fighting” through the legal process to seek justice against her rapist. You're fighting the police to believe you then if you choose to file, you've got to go through the prosecution and they're trying to dig up everything they can

on you that the other side might. They're asking you a lot of intimate questions. You know, embarrassing questions. You got to go through this. You can't even begin to focus on any of that. Luckily, my case went from rape to sentencing in seven months. There are still cases out there that are a year-and-a-half or two and a half years old. Those people can't even begin to heal. I got my validation when he plead guilty to a plea, and I got my justice when the judge handed down 16 years. That was shocking. Still shocking to me when I see some of these other sentences. So, I did have some relief for about a month there was an elated time. After the case was closed and Camilla did not need to fight as much anymore, readjusting to her life was difficult as other emotions surfaced.

So, I have that but then it started setting in, the reality of it all, because now you're not fighting so much and then you're just sitting there like, what do I do now?

Well, you face it, and you have to deal with.

Camilla was exhausted from fighting for herself. For a while, she had little energy to put into her healing, but she kept taking steps forward and relying on various sources of support. Slowly, she regained her energy and is focused on taking care of herself. She continues to attend weekly individual therapy sessions and feels a sense of satisfaction from her work.

Camilla chose to continue to live in her apartment after the rape. She thought that she should not have to move because she did not do anything wrong, calling herself “stubborn” in regard to that decision. Her rapist’s girlfriend still lives in her building and contacts her sometimes. Camilla tries to empathize with her because she has mental health issues and does not seem to fully understand what her boyfriend did to Camilla. At

this point, Camilla has decided to save money for a new apartment. She would like to live in a secure building where she would feel safer. She has researched new apartments, and it will likely cost twice as much to live in an apartment that meets her criteria for safety. Camilla expressed that she has let go of her stubbornness about staying in her apartment and realizes that a new living space will likely be healthier for her.

Her advocacy efforts have helped her to make meaning of what happened. She initially was fighting for herself. As time went on, fighting for other survivors and those who are perhaps not as equipped to fight for themselves became important to Camilla. “If they were going to treat me like that, how are they treating victims who may have or had a drug addiction? How are they treating LGBTQ? How are they treating people of color? How are they treating the underprivileged?” She now tries to achieve more balance in her life, putting more energy into her self-care and not too much energy into work or her social justice efforts. Camilla finds society’s tendency to victim-blame difficult to deal with. She sometimes blames herself and questions her judgment to hire this man to walk her dogs and to give him access to her and her home.

That’s one of the hardest things to deal with is the victim-blaming that society has, and, in my case, even the detectives. At least it was a bias, and I don’t think that me-too has changed the victim-blaming. I think me-too has been overused. So, that it’s lost its impact. People are still blaming women or victims.

Camilla still has trouble sleeping. When she sees a man who looks even remotely like her rapist, she experiences panic and flashbacks. She has no desire to be in a relationship or to be intimate with anyone since her rape, which was over a year ago. Camilla has begun to go out more and socialize with co-workers again. She prefers going

to familiar places rather than trying somewhere new. She is hopeful and confident in her ability to handle any challenges she is faced with.

Camilla feels good about the changes that she has helped to create in her community and within herself.

I want people to get mad. Hear my story. Get mad and do something or whatever makes you mad in the world right now. I'm not going to say that it's feelings of peace within me, but I'm not letting it define me. I think, you know, the first seven to eight months, it defined me. That was all I wanted to do was fight. Now I feel like it's a part of my life. A part that hurts. A part that motivated me. A part that proved to myself that I actually had more fortitude than I thought.

Cate

Cate self-described as a 38-year-old Caucasian Catholic straight married female. She was six months pregnant with her first child at the time of this interview. She is a full-time counselor who specializes in the treatment of trauma. She lives with her husband in an urban area. Cate has four brothers and is the youngest child in her family. She was raised in a middle-class city and attended Catholic schools from kindergarten through twelfth grade. Cate's parents divorced when she was four years old. She has a close relationship with her mother and siblings and a strained relationship with father and stepmother.

I met Cate ten years ago when we were both counseling interns at the rape crisis center. Cate and I were interns for one year and worked there together as full-time therapists for one year after that, becoming trusted colleagues and close friends. A few months after we completed our internships, she had disclosed to me that she was a sexual

assault survivor. We have remained good friends during the past decade, and Cate volunteered to participate in this current dissertation research study. During our interview, Cate received a phone call from her husband. He had been kayaking with friends and found himself in a dangerous, life-threatening situation on the water due to an unmarked construction area. He was able to safely get himself out of danger, but it was a frightening experience. Cate chose to continue with the interview but seemed understandably distracted at times after talking with her husband.

Cate was a good student and made friends easily while growing up. Cate's mother is a social worker, and Cate was raised to understand the importance of serving her community and having empathy for others. Cate shared that she was exposed to the reality that people do good and bad things. However, she did not have a high level of awareness about the "dangers" of sexual predators or date rape. When her father left the family, Cate developed issues of abandonment and low self-esteem. She had "underlying" assumptions that men were unreliable and may leave. So, as a teenager and young adult, Cate had difficult, unhealthy relationships with people she dated. "I never really had great relationships with guys in general. Although, I didn't think guys would be dangerous to me. I think there was this underlying idea that like guys might leave or things like that."

Cate went away to college and lived on campus. She was actively involved in extracurricular activities and continued to make friends easily. She was independent and self-reliant. She described herself as someone who tends to have a lot of friends and acquaintances but few close friends.

Cate went to a party on campus one weekend with friends. A man she had just started dating was there. He walked her back to her dorm room. They had been drinking alcohol that night. They were tired and both went to sleep. In the middle of the night, Cate was raped by this man. Afterwards, he left her alone in her room. She was shocked and hurt by what happened and spent the rest of the night awake. Cate struggled to understand it and even blamed herself for putting herself in a vulnerable position. She ended that relationship immediately and was able to keep a safe distance from her rapist despite living and working on the same college campus.

Cate tried to tell a few friends about the rape, but she had difficulty communicating it because she did not have the knowledge or the language to do so at that time. Therefore, she did not get the support she needed afterwards. One of the first people she told was a friend, and her friend's response was really discouraging and hurtful to Cate. So, Cate did not try to reach out and get support from other people for a while. She was able to keep distance between her and her rapist, which felt empowering to her. Then she proceeded to try to heal on her own. The rape and her friend's reaction to it served as evidence to her that she cannot rely on other people and could only rely on herself.

Cate became hypervigilant and overly cautious in everyday activities, like walking to and from class, and with more complex things like relationships. Her self-esteem was negatively impacted. She still felt confident and capable as a student but felt much less confident with relationships, particularly with men.

I was very social. I could socialize with a lot of people, but then like within relationships, I would get where I kept distance and put more barriers up. So, I had more difficult times within relationships. I really was like 'Okay I'm just going to

go to school, and like I don't need to depend on these guys. I don't know if I will get married, and it just sort of engrained that even more solid for myself during that time.

Part of how Cate coped with her sexual assault near the time it happened was to “ignore” or “avoid” it and try to “move forward.” This was fairly effective at the time, but it took her years to heal from this and from her father’s abandonment. The rape most significantly affected her relationships, particularly those with men. It reinforced trust issues and negative assumptions about men that she already had. “Not only having to heal from that event, even more so the impact from my first relationship with a guy. That was my dad and having to understand that more so I could also have healthier relationships.” Cate very gradually gained insight through life experiences, her education in psychology and counseling, becoming a sexual trauma therapist herself, and receiving therapy.

Cate was in a serious relationship with a man during her junior and senior years of college. After being with him for a while, Cate learned that he had his own history of trauma. She eventually felt comfortable disclosing her rape to him. Cate found it very powerful to be able to sit with a man who cared for her and speak about what happened.

He just sat with me. He didn’t make it about him or his ego or whatever else. He was able to sit with it and hear it and take it really seriously, and I think that was a really big start of my healing process. He just saw it for what it was, and hearing from another man too was really valuable to me. He was upset.

Cate worked at a special education school as an intervention specialist after earning her bachelor’s degree in psychology. Working with these children gave her more insight regarding her family and relationship issues and her past trauma. After working

there for several years, she decided that she wanted to become a counselor. When Cate was in her master's counseling program, she heard some of her fellow students mention that the rape crisis center was looking for interns. Cate decided to apply because it was outside of her comfort zone and she wanted to do something different than she had been doing at the school she worked at. She also thought that this would probably be a job that most people would shy away from. She was afraid of how counseling child and adolescent survivors of sexual trauma might affect her. She applied anyway and was offered a position. Cate had faith that she would not have been offered the job unless the rape crisis center staff thought she could do it.

Training to become a counselor involves developing a high level of self-awareness. Being trained as an intern at a rape crisis center helped Cate to better understand the impact that her rape had on her. The rape crisis center employed several art therapists and expressive art interventions that were an integral part of their treatment approach. Cate, along with the other interns, had to engage in the expressive art interventions to experience what it was like before using these interventions with clients. These training experiences were educational and gave Cate a different way to express herself. She now had the understanding and the language to share her experiences. She sought out individual counseling to help her process her past traumatic experiences involving her father and her rape. She gradually became more aware of unhealthy relationship patterns with men. She also learned to take very good care of herself. She began creating art, exercising more regularly, meditating, and getting a sufficient amount of sleep. Cate learned to nurture herself, and truly believed she was deserving of it.

Cate opened up to friends, including me, about her sexual assault. She realized how empowering it was to speak about it to others. Her silence had given her trauma power in her life for many years. Talking about it took its power away. Cate's self-awareness about unhealthy relationship patterns led her to make different choices about relationships. She felt better able to be vulnerable and trust men. She also felt more in tune with her intuition and more confident in her ability to make good choices about her relationships.

So, I think it's just that consistent check-in I have to do at times. Like, I don't want to become the extreme worry or the extreme worst-case scenario. I want to be able to try things and do things without fear.

The "distance" itself from the rape has been healing for Cate. About twenty years have passed since she was sexually assaulted, and she has worked hard on herself during that time. She experiences emotional triggers at times, but her reactions are not as intense as they used to be. She has developed healthy coping skills to manage her distress and to keep her "head, heart, and gut" connected. She finds her work as a counselor very fulfilling. It feels good to play some role in the healing of others. Even though she went through an "awful" experience, Cate thinks that she is better able to understand and empathize with her clients because she too is a survivor.

She met a man that she wanted to marry, and she decided to have a child with him. She is fearful that perhaps her marriage will not last and terrified about being responsible for another life in this world. She worries about relying on her husband and staying connected to him. She also worries about keeping her child safe. However, she

has faith and optimism rather than assuming the worst. “Things will happen for whatever reason. The universe will somehow give me what I need.”

Cate would like other therapists and society in general to understand that there are “different types of healing processes. Healing doesn’t have to come in one way.” Every person is different, and Cate believes that it is important to expose survivors to a variety of different coping skills and self-care strategies and respect what works for them. She also helps her clients to recognize that healing does not only happen within her counseling space. She highlights all of the ways in which survivors seem to be creating healing for themselves.

Natalie

Natalie is a counselor and supervisor at the rape crisis center. She had started as an intern there about two years prior to when I began my internship. I was later offered a full-time position. Natalie was informally involved in my training, then became a colleague and friend. I worked with her for two years before she left the rape crisis center for several years to continue her education. She returned to the rape crisis center as a counselor and supervisor and is also a part-time counseling faculty member at a local university. Natalie and I email each other a few times a year and see each other once every few years. We also connect on social media on rare occasions. Natalie heard about this study from a colleague at the rape crisis center. She emailed me and offered to participate in the study.

Natalie and I met for this interview in a therapy office shared by several part-time counselors at the rape crisis center. I was offered this space to conduct my interviews. Natalie identifies as a 49-year-old Caucasian and Latina straight married female. She was

raised Catholic but has not attended church regularly in a while. She believes in God or a Higher Power and considers herself a spiritual person. Natalie lives with her husband in a middle to upper middle-class suburb. She has no children. She grew up in a middle-class area of a large city with her mother, father, brother, and sister. Her parents both come from large families. She spent a lot of time with both sides of her extended family of grandparents, aunts, uncles, and cousins while growing up.

Natalie was always a good student, but she was shy and lacked confidence as a child. She enjoyed reading, singing, and riding her bike. Natalie was involved in sports, playing softball, basketball, and volleyball during grade school and high school. She attended Catholic schools from kindergarten through grade twelve. Although she was shy, she always had friends and gradually became more social as she grew older. When she was around age 12 or 13 during puberty, Natalie developed body image issues and some unhealthy eating patterns. Despite this, she always maintained a healthy weight and never developed an eating disorder. However, she struggled with body image issues as a teenager and through her twenties.

During her freshman year of high school when Natalie was 14-years-old, she attended a small gathering of long-time friends. Her friends were drinking beer, and one of them brought marijuana to the party. Natalie trusted the people she was with and decided to try beer and marijuana for the first time. Her friend who had hosted the party had older siblings. Later that evening, the older siblings came home and brought a few of their friends. One of those friends, an 18-year-old man, took an interest in Natalie. He was a popular local athlete from a nearby high school.

This was the first time a “guy had shown interest” in her. He asked her to take a walk outside with him. He seemed really nice and Natalie was in her own neighborhood. So, she agreed to leave the party and go outside. Eventually, they ended up in his car, which was in a business parking lot that was next to her friend’s house.

I saw the world I guess...you know, I was young. I was 14, and I was naive at the time. I didn’t really realize the kind of bad people that were out there. I guess I didn’t really grasp that anything bad could happen to me. I thought the world was a pretty good place, and I trusted it.

Once inside the car, he started making advances towards Natalie and asking her to perform different sexual acts that she had never even heard of. She repeatedly said “no” and “stop.” Then, he sexually assaulted her. She tried to fight him off but felt physically weak and terrified to be alone in a deserted parking lot with this man. Natalie was afraid that he might physically harm her. When he was done, he let her out of the car and just drove off. “I was in shock. I felt numb and confused. I slowly walked back into the house. I remember seeing people around me talking, but I could not hear any sound.” A few friends of Natalie’s saw her leave with this man and asked Natalie what happened. She was speechless. Her friends then assumed something sexual happened and that Natalie was a willing participant. She never disputed that and even tried to convince herself that this made-up story was true.

Natalie did not tell anyone what happened until years later. “I didn’t really understand what was happening at the time. I didn’t realize it was sexual assault. I didn’t really have the words or language for it at that time.” She blamed herself for being “stupid enough” to go to his car with him and put herself in that situation. Her already

low self-esteem became worse. This incident exacerbated her body-image issues. She chose to have sex for the first time with a boyfriend several months after the sexual assault. In hindsight, she realized that this was her misguided way of trying take control of her body.

The rape significantly affected her relationships with her family and peers.

During my teenage years, it impacted my relationships with men, well with guys and... you know, I was triggered at times when I was intimate with people in any sort of way. I would often quickly and abruptly remove myself from those situations, and I just I didn't really understand what was going on or why I was having those strong reactions.

Natalie recalls going to a local homecoming festival with her friends a couple of years after her rape. Her perpetrator happened to be there. He was part of a group of athletes involved in the festivities. She froze up as she watched him. From what Natalie knew and observed that night, women generally seemed to be very attracted to him. She did not understand why he assaulted her when so many women were willing to be with him.

In her late teens, Natalie began dating a man with whom she had been friends for several years. She felt safe with him, and they got married when she was in her early twenties. She was happy for a while, but he seemed to change after they got married. He had anger issues and his own insecurities that grew worse as time went on. He became controlling, and Natalie was miserable. She became depressed and anxious and her unhealthy eating habits and body-image issues returned. She felt betrayed by him and chose to leave the marriage after a few years.

Natalie decided to find an individual therapist for support with her depression and anxiety. During this treatment, Natalie disclosed that she had been sexually assaulted. Her therapist helped her to deepen her understanding of what happened and how it had affected her. Natalie was able to articulate the true story of her sexual assault.

I think the most significant thing that started my process of healing was processing what happened in counseling. It really gave me a chance to process my own thoughts and feelings about it and to do that without any fear of judgments or whether or not I would be believed. I no longer cared what other people might think about what happened because I knew what happened. I had finally developed a true, real story of what happened, and I was able to tolerate and face that.

She realized that she was very uncomfortable with getting attention from men and that this factored into her relationships and how she felt about herself and her body. This realization led to a significant shift in her self-esteem, and she became committed to achieving overall health and wellbeing: mind, body, and spirit. She started focusing on what was best for her rather than being driven by fear.

Natalie returned to school after her divorce and focused on becoming a counselor. She enjoyed spending time with friends and family when she was not at work or school but was ambivalent about being in a romantic relationship. She lived alone for many years. She enjoyed living on her own but was hypervigilant about her safety. She was very anxious when she was alone in public, such as going for a walk or run or walking to her car in a parking lot. She placed small pieces of furniture in front of her doors at night

and often slept with a knife on her nightstand. Natalie occasionally had nightmares about intruders breaking into her home.

As she continued her education and training to become a counselor, Natalie developed much more self-awareness in general and particularly regarding the impact of her sexual assault. Natalie had heard about internship positions at the rape crisis center and actually made every effort to find an internship somewhere else. She was concerned about how working with sexual assault survivors might affect her. She felt strong mentally and physically but feared that working there might trigger past symptoms of depression and anxiety.

Natalie did accept an internship position offered to her at the rape crisis center, and she is very grateful that she did. This was the first job that Natalie had that did not feel like work because she enjoyed it so much. The work was challenging but very rewarding. Natalie also learned even more about herself as she learned more about the impact of sexual trauma. She developed a strong self-care regimen, including consistent exercise, meditation, and creative activities like writing and painting.

Although Natalie was feeling good personally, she was struggling to manage difficult family relationships. So, she sought therapy again to work through these issues. During this time, she again processed thoughts and feeling regarding her rape. A couple of decades after her sexual assault, she was still trying to make sense of what happened and understand how it was affecting her at different stages of her life.

Natalie had heard updates about her perpetrator from friends on occasion over the years. She became more curious and looked him up on the internet. Learning more about him seemed important to her at this time in her life. He moved out of state in his early

twenties, became a successful businessman, and eventually got married and had a daughter. She also learned that he recently passed away from cancer. Friends of Natalie's had heard that having a family later in his life and then battling cancer changed him for the better as a person. He seemed happier, became very family-oriented, and was more charitable with his time and money.

I don't know if I can say that I have forgiven him. I guess that trying to see him as a human being has helped me to make sense of what happened and has helped me to heal. I like to believe that with age and having a wife and daughter, it helped him to understand what he did to me.

Natalie became more interested in being in a relationship and began dating more often. She trusted herself to make good decisions and to keep herself safe. She felt confident and deserving of a loving relationship. She dated for several years, had one long-term relationship, and then met her second husband a few years after that. By the time she met her husband, she thought she was too old to safely have children. She has a sense of acceptance about this, but it still saddens her at times.

Natalie's faith has helped her to cope throughout the years. She believes that things happen in life for a reason, even when they are difficult to understand. She also has faith that God and the universe give her what she needs. "I have a sense of faith that things will always work out the way that they're supposed to. I'm very grateful for everything that I have, and I take time to appreciate my life every day."

She now has more self-confidence and a more positive view of herself overall.

I see myself as a hard-working, kind, loving, more confident person. I think I've learned to be resourceful as I have tried to grow as a person and a professional. I

guess I see myself as a generous person and as a kind person as I move through the world. I definitely feel a greater sense of self-worth. I think I'm still...I think I continue to strive for my sense of purpose. Obviously, my work gives me a strong sense of purpose. My priority is really my family and my friends and my loved ones. They give me a sense of purpose. I'm at a point right now where I am focused on taking care of myself and being healthy overall. I've realized that I have to take care of myself in order to be there for other people, whether that's in my personal life or my work.

Natalie wants other survivors to know that healing is possible, and each person needs to find their own path to healing.

I guess I would say that I'm sorry that this happened to them and that healing is possible. I would say that everyone's path to healing is their own and that they have to find what they need and what works for them. I would share that going to counseling at different points in my life was really helpful for me with processing what happened and with my own healing process. I think I would also say that trauma affects people differently at different points in their lives and just validate the person's experience and make them feel believed and respected.

She appreciates that the #me-too movement has created more awareness and conversation about sexual assault but believes that there is still a tendency to victim-blame in our society.

I think with the #me-too movement, it seems this is a topic of conversation in our society and that people have developed some more awareness about it, about sexual assault and sexual trauma than they had before, but I think there's still a lot

of people out there that are ignorant to the issue and set in victim-blaming beliefs. I also think it's important to educate and raise awareness among men, women, all genders. Focusing efforts on prevention are important to creating change. When it comes to what I would share with other mental health professionals, I suppose I would share my knowledge and experience as a counselor and continue to contribute to efforts to improve the treatment of sexual trauma survivors and to convey that message of education and prevention as well.

Summary

The narratives shared by participants were retold using direct quotes from their interviews. Each retelling introduced the participant and briefly described our meeting before sharing the impact of their sexual trauma and their paths to healing. I explained how participants became involved in the study and discussed my relationships with several of the participants that I had worked with at the rape crisis center. I entered into an inquiry relationship with each participant as I relived their stories alongside them in the interview space. The retelling process allowed for greater reflection and deeper understanding of their experiences of being sexual assault survivors.

Restorying involved re-organizing their stories and creating a timeline of their lives before, during, and after their sexual trauma. The role of the three dimensions of narrative inquiry, temporality, sociality, and place were also considered as their stories were analyzed and retold. Retelling was an opportunity to share their narratives in their own words to offer greater insight into the themes that emerged. Quoting the participants to retell their stories increases the trustworthiness of interpretation.

CHAPTER V

FINDINGS

The purpose of this narrative study was to better understand the lived experiences of sexual assault survivors. Eight sexual assault survivors were recruited to participate through an urban rape crisis center. Five participants had completed individual and/or group therapy at the center and three participants were employees of the center. Several of the former clients were participating in an alumni support group and two of them were engaged in volunteer work and advocacy efforts. One employee was an administrator, one was a clinician and supervisor, and the third employee was a counselor who provided individual and group therapy. All participants were women between the ages of 27 and 70 years old. Four participants identified as Caucasian, one identified as Caucasian and Latina, two identified as Latina, and one participant identified as African American. Five participants were raised Catholic, one participant identified as Jewish, one identified as Christian, and one participant did not identify as being part of an organized religion. Participants reported socioeconomic status ranging from middle to upper middle class. Five of the eight participants had been divorced. The time since their sexual assaults ranged from 18 months to 49 years at the time of this study.

Participants engaged in a 60-80 minute semi-structured interview conducted at the rape crisis center, resulting in 509 minutes of discussion and over 111 pages of transcription. Several rounds of coding with different methods were conducted to arrive at the central themes of the study. Descriptive coding was utilized as a first cycle method of data analysis. This method assigns labels in the form of one word or short phrases to describe passages of data. Emotion coding, which focuses on feelings, values, and perspective of life experiences (Saldaña, 2016), was then used to capture the essence of the narratives and the transformative process of healing and Post-Traumatic Growth (PTG) (Calhoun & Tedeschi, 2006). These methods of analyzing qualitative data are rooted in grounded theory. Although, this is a narrative exploration, these coding methods were used first to allow themes to emerge organically. Structural coding was then used to make connections between emerging themes and the research questions, which were driven by the PTG Model (Calhoun & Tedeschi, 2006). Discussion regarding the experience of healing from sexual trauma and how this data can inform mental health treatment will be presented in Chapter Six. The narratives were reviewed for the participants' responses which directly addressed the research questions presented in Chapter 1. The semi-structured interview questions were designed to capture data relevant to these research questions.

The central research question was:

What does it mean to be a sexual assault survivor?

The following sub-questions guided this collection of narratives:

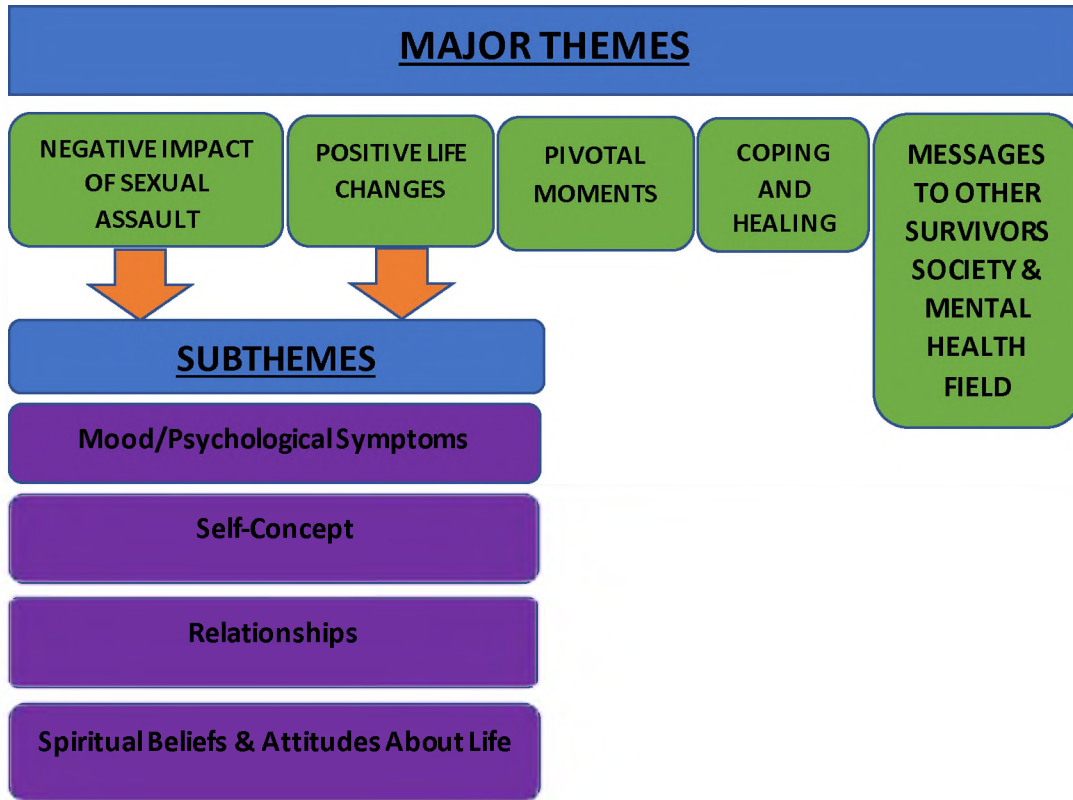
- 1) What negative life changes have been experienced after a sexual assault?
- 2) How do sexual assault survivors cope with the impact of trauma?

- 3) What positive life changes have been experienced after a sexual assault?
- 4) How does the experience of being sexually assaulted impact self-concept?
- 5) How does the experience of being sexually assaulted impact how one relates to others?
- 6) How does the experience of being sexually assaulted impact one's personal beliefs and attitudes about life?
- 7) What meaning do sexual assault survivors make of their traumatic experiences?

Themes

This chapter presents major themes and subthemes that emerged from semi-structured interviews with eight sexual assault survivors. Quotations from interviews will be used to provide examples of themes using the voices of the participants. Connections to the research questions and PTG Model will be highlighted by discussing the negative impact of sexual assault, pivotal moments or turning points experienced by survivors, coping and healing, and positive life changes after sexual trauma. Exploration of these themes offers insight into how these survivors make meaning of their trauma at different stages of healing. Figure 1 displays major themes and subthemes.

Figure 1: *Major Themes and Subthemes*



The themes and subthemes were identified to answer the research questions and to demonstrate the transformative healing and growth reported by the participants. Five major themes emerged from the data: (1) Negative Impact of Sexual Assault, (2) Positive Life Changes, (3) Pivotal Moments, (4) Coping and Healing, and (5) Messages to Other Survivors, Society, and the Mental Health Field. Participants described negative emotions and experiences during and after their sexual trauma. As they progressed in their paths to healing, they expressed how they were able to create positive changes in their lives. All participants reported pivotal moments that increased their self-awareness and led them to be more intentional about healing from their sexual trauma. The survivors engaged in a variety of coping mechanisms to manage their distress, some healthy and some

unhealthy. As they learned more about themselves through the support they received, they developed strong coping and self-care skills that have helped them to heal.

Subthemes within the themes of (1) Negative Impact of Sexual Assault and (2) Positive Life Changes, included Mood/Psychological Symptoms, Self-Concept, Relationships, and Spiritual Changes and Attitudes About Life. Like the five major themes, these subthemes stemmed from the research questions. Through their healing processes, participants reported significant improvements related to the subthemes. To more deeply understand the changes that participants described, a rich explanation of each subtheme is presented in discussion of both Theme One: Negative Impact of Sexual Assault and Theme Two: Positive Life Changes.

Negative Impact of Sexual Assault. This became a major theme in the study, particularly as the survivors responded to questions about how their sexual trauma affected them near the time of its occurrence and early in healing processes. Subthemes that emerged among participants regarding the negative life changes attributed to sexual assault related to mood/psychological symptoms, self-concept, relationships, and spiritual beliefs and attitudes about life. The same subthemes are related to positive life changes and will be discussed later in this chapter to highlight healing and growth in these areas. Survivors who participated had unique experiences of sexual abuse. Some were abused by their partners during the course of long-term relationships. One survivor was sexually abused by her older brother for years as a child. Several survivors experienced isolated incidents of rape. Survivors reported experiencing negative life changes during their abuse and/or following their sexual trauma. Participants indicated that the trauma has affected them differently at various stages of their lives.

Mood/psychological symptoms. Participants reported significant changes in their mood that they attributed to being sexually assaulted. They experienced emotional pain, confusion, fear, anger, and sadness. Several participants reported having been clinically diagnosed with Major Depressive Disorder, Posttraumatic Stress Disorder (PTSD), Generalized Anxiety Disorder, and Bipolar Disorder after they suffered sexual trauma. Two of the participants reported a history of suicidal ideation. Some survivors stated that they experienced behavioral problems, including aggression, substance use, eating issues, and working excessively. Several participants reported experiencing mild impairments in mood and behavior prior to being sexually assaulted that were significantly exacerbated by their trauma.

Diane described often feeling confused and fearful during her abusive 25-year marriage. With counseling, she has learned that dissociating was a coping mechanism for her. She experienced intense feelings of anxiety for years. These symptoms are still present but milder and more manageable now. Dissociation is a common symptom among trauma survivors when there are periods of disconnection between the mind, body, and one's environment. This can lead to identity issues and difficulty being fully present in the moment. Diane is still trying to feel more grounded in the present moment and more connected to herself and others.

I guess I understand why I disassociated. So, you know, like I said, while it was happening, I just got more and more afraid of him and more and more confused too. I just knew that just all of a sudden this person was so angry and everything and then he was nice and then he was angry, and I just didn't know.

Frances and Bernadette shared their experiences with feeling depressed. They discussed that many years ago, they experienced suicidal thoughts. Frances was hospitalized for psychological treatment when her symptoms were at their worst. She received psychiatric treatment and individual and group therapy at several different points in her life after multiple sexual assaults. Frances was diagnosed with Major Depressive Disorder in her twenties, Bipolar Disorder in her forties, and PTSD in her fifties. She indicated that her PTSD went undiagnosed for many years.

I have PTSD and so my whole adult life has been some PTSD symptoms that I actually didn't know. I didn't know about my PTSD until I was in my late 50s. For most of my life I just kept going. I didn't pay attention to it. I didn't actually realize they were still affecting me, you know. I thought it was because I had depression you know and so you know what's different is I realize the impact that they've had. I think also for most of my life I was just trying to survive. So, I didn't really have the time and space to really look at things carefully you know um which I have now because I retired. You know when I retired, my job was very demanding and I was very interested in it. So, I was a workaholic, which I didn't realize until I retired um because I got very anxious not working all the time.

When Bernadette looks back on how depressed she was as a younger woman, she has difficulty relating to that period in her life.

I don't see myself as this sunken little girl or this, you know, person who was so depressed, who was suicidal at one point. I don't even know who she was. I look back and I don't know her anymore. I try to see the light in everything. I could

be dead. I could have been dead. I thought about driving off of 480 many a days going to work when I was younger. I thought about suicide all the time. I was like 'I could be dead.' So, it's just not...it's just not...I'm here. So, I've got to make the most of it.

All of the participants reported experiencing symptoms of anxiety to some degree, including hypervigilance. Hypervigilance is a state of feeling a heightened sense of alertness or feeling on guard and hypersensitive to potential dangers in one's surroundings. Bernadette experienced nightmares and night terrors on occasion, particularly as she adjusted to new relationships stating, "I used to have night tremors, fighting in my sleep." She became hypervigilant as a parent as her daughters became the age that she had been when her sexual abuse began. Camilla reported suffering from insomnia, episodes of rapid heart rate, and feeling unsafe and fearful in her own home where her rape occurred. She feels anxious and guarded while out in public, such as when walking her dogs or being out at a restaurant with friends. She no longer allows visitors in her home because she does not want her dogs to become friendly with anyone.

Sleeping has been an issue and remains. I went to a doctor. Got some anti-anxiety medicine for it because physically I was without sleep for so long, and then I have this tension across my chest. I just felt like my rib cage was constricting everything. My heart was always beating so fast.

Natalie shared that she feels hypervigilant while out in public, particularly when she is by herself. While walking in a parking lot or jogging through the park, she feels anxious and on alert. She often felt unsafe in her own home for many years when she

lived alone. Even now that she lives with her partner, she engages in rituals like checking locks on doors and windows multiple times.

I feel hypervigilant when I am out by myself, when I'm out at night or jogging in the park. I just kind of feel very much on alert, very fearful of being assaulted again, and I think it's probably beyond the norm. I'm still very aware of my surroundings when I'm by myself out in public, when I'm walking to and from my car, when I'm driving. I tend to be really aware of my surroundings. I try to be. I double check that doors are locked at night. My husband has a really bad habit of leaving doors unlocked when he's coming and going. So, when he leaves for work in the morning before I do, I often have to get up and check to make sure that he locked the doors or I won't be able to fall back asleep. He leaves quite a bit earlier than I do, very early a lot of times. I do the same thing at night. I often have to check them myself just to make sure that doors and windows are locked. I have chosen apartments that are on second and third floors because I would never feel comfortable on the first floor by myself and I still wouldn't feel comfortable with that now even living with my husband.

Natalie also shared that there is a hereditary component to her symptoms of depression and anxiety and that she believes her sexual assault significantly made symptoms increase.

I tend to struggle with symptoms of depression and anxiety, and I think that a lot of that is just hereditary. I don't attribute all of that to my assault, but the assault certainly exacerbated those symptoms.

Many of the participants reported feelings of anger about their sexual trauma. Erika felt angry at her mother and the rest of her family for not protecting her from her abusive high school boyfriend.

My mom's boyfriend saw what it was. Knew he had bad feelings about it. He tried to bring up to my mom, and she just dismissed him and you know it's hard because my abuser groomed not only me but my mom too. So, that's what's hard, but at the end of the day, my mom's the parent, and I look back and think why did you think that was okay? So, it's hard. I was pissed that my family didn't protect me as a kid.

Bernadette expressed feeling angry in general as a child and teenager. She felt that the world was unkind and that she had to be the aggressor in many situations in order to feel in control and protect herself.

The world is like me against the world, like I had a target on me. It just seemed like I was maneuvering in a world that wasn't real at times, and probably because I stayed high the whole time. Smoked a lot of weed. Back then the world was just...it wasn't friendly, and then I saw myself that either I had to be the aggressor in situations to make sure I have control or it was like, if I didn't, somebody else would do something bad.

Camilla experienced intense anger towards her perpetrator, who was a neighbor that walked her dogs for her and someone she considered a friend. Her anger was fueled by how police detectives responded when she reported her rape.

Psychologically, it's been um anger and frustration that's always boiling under the surface just waiting for the slightest thing to set it off. So, yeah there's been

increased anger. I posted it on Facebook because I figured that people were going to walk through this with me and see that it's not a 1-hour SVU episode. I wanted them to see everything, and I think some people's eyes have been opened up of how much we're not believed. How in my case, good detectives believed a convicted rapist and somebody with a four-decade criminal history from me because I was drinking that night, not with my rapist but I was drinking, and the detectives didn't even believe anything happened because they did my interview 19 sleepless hours after the incident.

Camilla used her anger as a coping mechanism following her rape. Her anger helped her to fight for herself and for other sexual assault survivors as she advocated for social and political change. Ultimately, her anger helped lead her to a sense of purpose, but over time she has recognized that staying so angry is not healthy for her.

Diane, Erika, and Helena described often feeling overwhelmed by their emotions during their first year of individual therapy. They had masked their true feelings for so long in an effort to please others and hide their trauma that when they began to confront the impact of their trauma and allow themselves to acknowledge and experience their emotions, it felt overwhelming at times. They experienced emotional dysregulation for a while before feeling more balanced. Erika described her emotional experience while in her first year of treatment.

I think the first year it was really rediscovering myself, you know. I was really emotional at that point because for my whole life I had to suppress my emotions and then I felt like wow! Okay. These emotions are strong and they're here and they needed to come out and so they probably came out in all sorts of different

ways I didn't intend them to, but I think the kind of goal with that is you know you go from one end of the pendulum where you don't talk about your feelings at all. So, then you're on the opposite side where you're like very sensitive and expressing yourself and you feel like, oh my gosh! I have the right to express my feelings, and they're valid and they're real and then it was about kind of getting to the middle with reigning those in.

Helena, Erika, Diane, and Camilla relied on the rape crisis center hotline for support with managing the powerful emotions that surfaced in between therapy sessions. Helena shared her thoughts about that emotional time.

The first six months were super hard because I didn't know like all the emotions that I had been stuffing and not expressing because I didn't even know what they meant. They finally all came out, and it was a nightmare. It was so hard. I thought I was going crazy, but Ruth, my therapist, she really, really helped me with everything, and this place has helped me. They have a hotline. So, you can text them anytime you feel like you're losing control of emotions, and that's how I felt before throughout those six months. The first six months, it was like losing myself all the time. So, I didn't know what was happening and then after a year, I would say that I got...I became really strong and stronger and stronger, and I got the courage to go to group meetings and share my story.

Participants reported developing dysfunctional patterns of behaviors following their sexual abuse that stemmed from maladaptive coping strategies. Helena reported that she witnessed her mother and grandmother being physically, sexually, and verbally abused by their partners when she was a child. As a young adult, Helena found herself in

an abusive marriage and feeling very depressed. She expressed that she tried to find happiness externally from other people and from drugs and alcohol.

With therapy and understanding, I was able to go within instead of looking for external things to make me happier. So, I just went inward instead of going outwards, which I usually did. Like relationships, parties, people, anything that was outside of me. I was so afraid to go inside of my head, inside of my heart, and with therapy, I understood that it was a safe place to be. That I could be safe in my own body.

Bernadette used alcohol and marijuana to numb her emotions. She shared that she fought all the time, at home and at school, and was always getting into trouble. A physical altercation that she had with another girl led to Bernadette being placed into a juvenile detention facility for over a year. She also described herself as the “fast girl always hanging out with the boys.” She indicated that she was promiscuous at a young age, which was another way to try to take back control over her body.

Natalie shared that she had mild issues with unhealthy eating patterns and body image before her sexual assault that started during developmental changes in her body due to puberty. She shared that being sexually assaulted had a powerful negative impact on her body image. She tried to take control back of her body by using food and exercise in unhealthy ways. Natalie also became sexually active shortly after her sexual assault as another way to feel more in control. Although, Natalie never developed an eating disorder or body dysmorphia, she struggled for many years with these issues before developing a healthier sense of self, which she attributes to her sexual assault.

I think that probably one of the most significant ways that the trauma affected me initially was around my body image and my eating habits. I think that I had poor self-esteem and body image prior to the assault. I had some mild issues with my eating patterns prior to it, but when that happened, it really exacerbated those things, and they have been lifelong struggles for me. I'm in a really good place with those things right now, but it has taken a lot of work to get here. A lot of work, and a lot of time.

Self-concept. All participants reported significantly reduced self-esteem and self-confidence after being sexually assaulted. For years, they felt ashamed about their trauma and blamed themselves for what happened. This shame and self-blame affected how they viewed themselves, engaged in their lives, and related to others. Their stories demonstrate how poor self-esteem and self-blame can contribute to unhealthy behaviors and relationship patterns.

Erika, Frances, Helena, and Natalie shared that they lacked self-esteem prior to their sexual trauma and that the abuse made them feel even worse about themselves. Helena and Erika described feeling “broken,” and Frances felt “damaged.” Frances was raped three times as a college student, twice by men she was dating and once by a friend. She recalled blaming herself rather than her perpetrators, “I felt like, you know, I blamed myself for being in the situation.”

Erika described how her ex-boyfriend damaged her self-concept, which contributed to years of codependency and domestic violence in her relationships.

I was verbally abused, mentally abused, obviously sexually abused, but, even when we would be intimate, he would say things about my body and because I

was young, you know, I trusted him and believed him because he was my boyfriend. I believed what he told me about my body. So, my self-esteem was just almost nothing, and so it affected a lot. I was 14 when this all happened. So, thereafter of course it affected me in so many different ways.

Natalie shared how she felt about herself before her sexual assault. She believes that her lack of self-confidence and naivety made her vulnerable to being sexually assaulted.

I did have pretty low self-esteem. I was always a little bit heavier than other kids my age. So, I had a lot of insecurities about my appearance. I didn't take advantage of some of the academic opportunities that are offered to me for honors courses and programs like that because of my insecurities. Actually, I remember kind of always being afraid I wasn't as good or as smart as other people.

Natalie's sexual trauma made her feel even worse about herself as a teenager. Like many of the other participants, Natalie felt shame, guilt, and self-blame in relation to her assault. Erika shared that her perpetrator attacked her self-esteem to make her feel shame and that he manipulated her into blaming herself for the abuse.

When the abuse was happening, a lot of times it didn't make sense. I mean, it was very confusing, and so what happened was that if something felt wrong, I remember bringing it up to my abuser, but then he would gaslight me and flip everything on me.

Acknowledging her anger towards her perpetrator and the legal system came easy to Camilla. She had more difficulty acknowledging her anger and frustration with

herself. Camilla pointed out that our society has a tendency to victim-blame, which contributes to how sexual assault survivors perceive their trauma and themselves.

I think there's a lot of self-doubt, and that goes on for a long time. You know, maybe I shouldn't have had him walk my dogs or... I...you know, there's a thousand different things that go through your head of where did I mess this up. I'm obviously at fault because society always blames victims. That's one of the hardest things to deal with is the victim-blaming that society has and, in my case, even the detectives.

Eventually, Bernadette was able to acknowledge her shame and self-criticism. She shared how much they were interfering with her growth and healing. For Bernadette, forgiving herself for how she responded to her abuse was crucial. She chose to place her focus and energy into herself rather than on her perpetrator.

I think for me the other big thing is that all that shame, that ugliness, all of that. One of the things I had to do to get to where I am today was forgive myself. So, you hear this big conversation about forgiveness, especially in the faith-based situation, and it is more forgiving those that have caused harm to you. One of the things I did was...if I had focused on forgiving him, and put my energy into the person who caused harm...Let me focus on forgiving myself, and that's what I did, and once I started to give me myself for maybe not always being the most attentive mother even though I thought I was. Maybe for not being the best way or the best friend, for disrespecting my body, for using drugs, or doing whatever it was I was doing that was wrong. I had to forgive myself for all of that stuff because that was what I found out was holding me back and just letting that part

go... I was like, okay you did all that stuff. Get over it. You did it. Yeah. That was one of your coping mechanisms. That was what you thought was right at that point in time.

Cate described herself as even more independent after being raped because she did not want to rely on anyone else. She shared that she still felt confident in her abilities as a student but felt much less confident with handling herself in relationships with friends and partners.

There were parts of me that were really confident in just who I was and that I was a good student and I could do things, and then relationally though, I think there was much less confidence with that.

Relationships. The sexual assault survivors who participated in this study shared many ways in which their sexual trauma impacted their relationships with family, friends, and significant others. One factor that all eight participants had in common was that they were sexually assaulted by someone close to them, a family member, a friend, a person they were dating, or a husband. They were assaulted by people with whom they had some level of trust. These violations of trust by someone purported to be trustworthy resulted in the survivors' reluctance to trust anyone with their vulnerability. Additionally, some participants reported being too trusting of people who were not always deserving of that trust. All of the participants reported a history of poor relationship boundaries. They seemed to have difficulty finding a healthy level of trust and openness in their relationships. Participants shared that they also experienced sexual intimacy problems, domestic violence, and unhealthy relationship patterns.

Cate struggled significantly with romantic relationships for many years before she allowed herself to trust and be vulnerable with another person. She dated casually during her twenties, keeping men at a distance that felt comfortable for her. She was cautious in her friendships as well. She had many acquaintances and friendships but had to have a strong sense of comfort with a person before opening up to them. Cate shared that her parents' divorce when she was a child had led her to have mild distrust in men and relationships. This issue was magnified after being raped by a college boyfriend.

I was very social. I could socialize with a lot of people but then like within relationships, I would get where I kept distance and put more barriers up. So, I had more difficult times within relationships then before. It was already sort of a little bit underlying there, and then it made it even more challenging later when I really was like, okay I'm just going to go to school, and I don't need to depend on these guys. I don't know if I will get married, and it just sort of engrained that even more solid for myself during that time.

Frances chose not to have children of her own, which she attributes to her history of sexual trauma stating, "Well, I don't have children because of it." She had intimacy issues early in her marriage after being assaulted. She also had problems with trust and communication with her husband. She shared, "I became a very expert people pleaser and conflict-avoidant." She went on to describe the intimacy problems in her marriage.

It was a factor and having sex in the beginning you know. I don't know why but I would cry when we had sex. I don't think he understood, and I just didn't know what was going on.

Frances was married for over ten years, but her marriage ended as she grew more self-confident and more decisive about her life. She had allowed her husband to make most of the decisions in their marriage, and he had difficulty adjusting as she grew and changed. Looking back, she realized that her sexual trauma and problems within her family of origin led her to have difficulty trusting others. Like Cate, Frances always felt as though she had to rely on herself. She did not fully trust her husband, making it difficult for their marriage to survive.

It didn't make me able to completely trust somebody. So, like I said before, I was very people-pleasing. So, I thought he was great. So, he made all the decisions, and I went along with everything that you know he decided, like where we were living, how we spent our time, how we spent our money. All of that, but when I finally had something I really wanted to do that was different, I wasn't able to negotiate with him. He was used to having his way a hundred percent. He just wasn't...he didn't have those skills either, but I think...I look back on it. I just never really had that complete level of trust in him that I think is a good foundation to kind of make it through rough patches.

Because of her dissociative symptoms and difficulty feeling connected within herself, Diane reported difficulties developing deep connections with people since leaving her abusive marriage. She is guarded about who she trusts, feels more comfortable with women, and needs a good amount of personal space.

I definitely like women more now than I used to. I didn't ever not like them. I used to have a huge mix of male friends and female friends while growing up, and I would say that I definitely don't gravitate towards male friends anymore. I

have a few, definitely a few. So, that has actually changed for sure. It's definitely changed dating a guy. So, I feel fine. It's like the same thing. I feel fine about friends. I just want to feel real. That's the difference. I want to actually feel what I feel inside I suppose.

Like Frances, Diane and Natalie have also experienced intimacy issues. Diane gets startled if she is touched by anyone unexpectedly and developed some distorted views about sexuality as part of her ex-husband's control and manipulation. Natalie was sexually assaulted at age 14. She developed intimacy issues that were at their worst in her teenage years and early twenties. She continues to have strong reactions if she feels confined.

During my teenage years and into my early twenties, it impacted my relationships with men, well with guys, and I was triggered at times when I was intimate with people in any sort of way. I would often quickly and abruptly remove myself from those situations, and I just I didn't really understand what was going on or why I was having those strong reactions. I still have difficulty on occasion when I feel like my movement is restricted in any way. I have this moment of panic.

Erika described a history of conflicted relationships and divorce within her family of origin that made her vulnerable to dysfunctional relationship patterns. She expressed how difficult it was growing up without her father in her life. Erika managed to safely get out of her abusive relationship with her high school boyfriend but experienced domestic violence in several relationships after that in the form of verbal, psychological, and physical abuse. An intervention used in an individual counseling

session raised her awareness about these patterns within her family and in her own relationships.

It's about family dynamics because when someone's being abused, they don't get into a relationship thinking, oh I want to be abused or I'm going to be abused.

Typically, there's a need that's going to be met, and so for me personally, it was, here's a guy who is older, who's paying attention to me, giving me praise, giving me compliments, and I yearned for that because I didn't have that male figure in my life ever giving me that. So, it felt good for a male in my life to do that, and so that was the need being met. I felt that I had attention on me for once from a male. Look at my family tree. Like my family, a lot of people are divorced. A lot of them have really unhealthy relationships. I absolutely would have been in one of those buckets. I would have fallen into that same thing because it's what I knew.

She also described her trust issues in relationships.

With abuse, it's hard because you have a lot of trust issues or both. You can either be too trusting. You cannot be trusting at all, and so it's kind of conflicting because I was like that. I was too trusting of people and gave people the benefit of the doubt, but I also didn't trust people.

Helena shared a family history of domestic violence and sexual abuse that influenced who she allowed into her life as a teenager and young adult.

I saw my mother getting abused, my grandma getting abused. Both of them, physically, verbally, sexually. I had to presence all that. So, that was my reality. Yeah. It happened again. It happened to me, and that's when I was like, okay I'm

snapping out of this because I don't want this for me or my daughter. I was, let's say an empath, and I attracted lots of narcissistic people because that's my ex-husband too and the father figure that I grew up with and very abusive people. So, psychology helped me understand and make sense of the patterns that we repeat.

Helena went on to share her perspective about relationship boundaries.

Now that you mention boundaries, I had no idea what those were before. So, people could walk in and out, bring their dirty shoes on my head, walk all over me and then leave. That doesn't happen anymore. I have set some really clear boundaries with pretty much everyone around me.

Bernadette had very few friends for many years and has had difficulties in her marriages that led her to choose to divorce twice. She believes that her sexual abuse was a major factor in those relationship difficulties. Bernadette is guarded about who she allows into her life for friendships and romantic relationships. She expressed that it takes a lot of effort for people to earn her trust, "I still don't trust people. I mean you have to earn it. It's like, you really have to earn the trust." She ends relationships at the first sign of trouble, which she perceives has been both negative and positive at times.

I am quick to end things that I see as a negative, and I'm going to say that maybe it's a good thing that I don't put a lot of energy into it, whether it's relationships or whatever. I can walk away, and maybe it's not causing any harm, but I think I can see harm where there's a slight bit of harm. I will leave it alone, and that's just a protective factor I put up. It can be something really minor, but I will completely walk away.

Spiritual beliefs and attitudes about life. The spiritual beliefs of participants were examined, with close attention to how those beliefs and attitudes have evolved through their healing processes. For the purposes of this study, spiritual beliefs refer to faith in God or a Higher Power within the universe. Their spiritual beliefs and attitudes about life seemed intertwined. When participants were asked about one, they often spoke about both concepts. What participants believed about their God or Higher Power or Universe shaped what they believed about themselves and their purpose in the world. Therefore, data regarding spiritual beliefs and attitudes about life will be presented together. Several of the survivors viewed their spiritual growth as a normal process of development. Others described how their sexual trauma led them to question their faith and challenge their higher power. For some, spirituality and faith have played a significant role in their lives, for others this role has been insignificant. All participants expressed how their attitudes about life have changed over many years as they have learned more about themselves and had more life experience. The negative impact that sexual trauma had on spiritual beliefs and attitudes about life will be discussed in this section. Later in this chapter, changes in spirituality and attitudes that participants perceived as positive will be highlighted.

Bernadette and Natalie questioned God about why this happened to them. Bernadette was raised as a Christian and her faith has been of importance to her throughout her life. As an adolescent and into her adulthood, Bernadette developed more understanding about the childhood sexual abuse that she suffered by her older brother. As her career developed, she worked with many victims of crime and sexual assault survivors. For years, she questioned God about why this had happened to her and about

why such horribly painful things happened to other people. She perceived that the world was against her. Bernadette left her church for a while and has changed churches multiple times to find the best fit for her. She still wonders what her life would have been like and how much she might have accomplished if she had not been abused.

Natalie and Cate have asked themselves similar questions about why bad things happen to good people. Natalie's sexual assault shook her foundation of faith built within the Catholic church.

I went through a period of time when I assumed the worst of people or that people were...I just became guarded. I think I also relied on my faith to get me through, but my faith was certainly shaky for a while. When I say faith, I mean just generally faith in a higher power, faith in a higher good, faith that, you know, things will work out and happen for a reason.

Cate was raised Catholic as well. She shared that following her rape as a college student, she went through typical developmental exploration of different religions and her own individual sense of spirituality. What was most challenging for her was in her work as a sexual trauma therapist, particularly during a period of time when news surfaced regarding sexual abuse in the Catholic church. In her early years of being a counselor, she experienced vicarious trauma as she empathized with clients who shared tragic stories of abuse.

As I started doing more work with survivors, I think that challenged more of my religious connections than anything. Unfortunately, with any type of powerful agency, comes power and control and abuse, and I think that's where I noticed more of my response and impact. It's not through my story, but through other

people's stories. So many people have been hurt by pastors or priests or just clergy or connections within the church. So, I think I started leaning towards more of a spirituality and energy piece, while also recognizing some aspects of religion, but that's why I think religion feels like more of a sanctioned agency to me where spirituality is more of the belief.

Helena and Erika have also leaned more towards spirituality than organized religion. Helena described her issues with the Catholic church she was raised in.

My family are very Catholic, and they're Christian, and I used to have to go to church, and now I see church as a very hating place because they turn you against each other. Like if you don't believe the same thing I believe, then we can't be friends. So, I see a lot of separation that happens in religion, and now I believe in God. I still believe in God, but I have a very unique relationship with Him, and I am very connected to Source.

She perceived the world in general as a scary, unsafe place stating, "Oh. It was unsafe. It was a very unsafe place. Everyone was out to get me. Everything was scary. It was a very scary place to be."

Erika has had similar experiences with organized religion. She continues to search for a church that does not feel judgmental and exclusive of certain groups as this feels hypocritical and unchristian like to her.

When all this happened and realizing the abuse and everything, I needed to find something to connect with. So, I would go to church. I'd say I was like church homeless, and I would go around and look around at churches and I would go, what fits? What do I connect with? And I found one, and it was phenomenal,

and I became really, really close with God or a higher power or whatever and I would say that over time it's fluctuated. I would say right now, I'm in this weird place where it's hard because I don't want to be a judge because who am I to judge someone, but it's hard because I see people who label themselves as a Christian and then they treat someone like shit or they judge someone or they exclude someone and I have a very difficult time with that.

Pivotal Moments. In each of the interviews, survivors described key moments in their lives that significantly shifted them towards healing and growth. These moments occurred in different ways and at various stages in their lives. For many of them, years had passed since their sexual abuse when these moments arose. The participants seemed to gain a great amount of self-awareness and perspective about their sexual trauma that led them to take action to nurture themselves and seek support. Even after these pivotal moments, healing and growth took years of hard work to achieve.

Erika was in her early twenties in her last of several abusive relationships. She had been in a major argument with her boyfriend one evening. She wanted to leave his apartment, but he physically kept her from leaving for hours. She was exhausted and bruised the next morning. Erika realized she was scheduled to have lunch with an old friend that day and almost cancelled. Her inner voice told her to meet with her friend as planned. Erika was skilled at masking her true feelings from others. But despite her best efforts to wear her “mask” that day, her friend knew something was very wrong and asked Erika about this. Erika was surprised but gradually opened up about the argument and her unhealthy relationships. Her friend helped her to see the abuse more clearly.

I was up 'til like 4:30 in the morning. We were screaming and yelling at each other. He wouldn't let me out of the apartment. I had this plan to get together for lunch with this old coworker from like years ago, and I remember thinking, oh I want to just flake out because I'm so exhausted. I was up until dawn yelling and screaming. My voice was hoarse. I was just mentally exhausted and there was just this voice inside me. Don't flake. Don't cancel this. Just go, and so I did what I did best. I put on this mask like everything was fine. I go to lunch and this person just said, what happened last night? Out of nowhere, and I was shocked. Like, what are you talking about? I just felt compelled to ask you about what happened last night, and I just started talking about the fight and what had happened and this person was like, you do know that's domestic violence right?...and I'm like it is?

This moment led Erika to realizations about her relationships and abuse. She decided to end this relationship and seek counseling at the rape crisis center, where she later became a volunteer advocate. She worked the very hotline that she had used as a client to support other sexual assault survivors. Erika also accompanied survivors during rape kit exams at local hospitals and during police interviews. She also participated in a 12-step support group for dysfunctional families. She described being at the “five-year milestone” of her path to healing.

For Bernadette, the birth of her daughter was a pivotal moment that led her to create positive changes in her life.

Life changed when I had my baby. I had this little girl, but I was with her dad and he was abusive, a fighter. Stayed with him for a couple years, and I just

knew I didn't want my child raised in it because I was raised in a horrible situation that nobody knew about, but I knew about the situation I had my daughter in because I was part of the problem. So, I wound up moving out away from her dad at 18 and just started working and just at that point in life really pushing forward to be the best me for that little girl. I went back to my foundation of my Christian faith. This child that I was now responsible for. I turned down a scholarship to college. All throughout this, I still was an honor student. Got good grades. Got a scholarship to school but had a baby. So, I didn't go, but I just kept pushing. I couldn't get stuck in the past and stuck with everything that happened.

Diane's husband's abuse gradually escalated throughout their marriage. Over time, she feared for her life and began taking steps to protect herself for her children's sake. One incident in particular, when she was held captive in their bedroom bound by handcuffs, seemed a turning point for Diane that led her to take action to safely leave her marriage.

I guess that it was wrong now, but I thought that we were safer, my daughters and I, that we were safer if I had more control over him if I stayed. So, I stayed until one day I just couldn't stay any more basically.

After 25 years of marriage, Diane reached out to a domestic violence support group through her county law enforcement agency. She sought guidance about how to exit her marriage with her daughters safely. She also received legal advice about divorcing her husband and pursuing charges. Diane continues to attend sexual assault and domestic violence support groups finds purpose in helping other survivors.

Frances learned about a yoga studio that opened up in her area. She listened to her intuition and started attending classes there. She began practicing yoga, breathing exercises, and meditation on a daily basis. Her yogi had also provided nutrition recommendations and suggested gardening her own vegetables and fruit. Frances was consistently nurturing her mind, body, and spirit. One day, she was walking down the street and realized that she no longer “felt dead inside.” She felt alive and connected to herself and the world around her. For a while, Frances was afraid to stop her strict yoga regimen for fear of going back to feeling dead inside. Eventually, she relaxed her regimen and took breaks from it, but she was able to maintain its benefits and remain connected. Frances continued working as a teacher for many years. When she retired, her anxiety increased. She decided that this was the time to address her sexual trauma and found counseling services at the rape crisis center.

Helena perceived her sexual assault as a wakeup call for her to make changes in her life and break the family cycle of abuse. She divorced from an abusive husband and raising her daughter with support from her family. She was depressed and seeking happiness by going to parties with people who did not have her best interest in mind and using alcohol and drugs. She had a male friend among her group of friends who she and her family had grown close to. When he raped her, she was shocked and felt betrayed. Helena recalls looking at herself in the mirror and realizing that she wanted to make changes in her life for herself and her daughter. She wanted to break the cycle of abuse in her family. She sought support from her family and began attending individual counseling. She also attended group therapy and a support group. Helena was focused on her treatment and perceived healing and personal growth to be her full-time job. She read

self-help books and watched videos. She decided to pursue a Bachelors degree in Psychology.

So, it was very intense and unfair in the beginning, but now I feel that it was something that had to happen for me to take my power back and take the driver's seat back to my life. So, I can say that I pulled the positive from the negative, and I am...I don't know. I'm a different person. I am a different person after.

After Camilla's perpetrator was sentenced, she realized that she needed to take care of herself and focus on her healing rather than fighting the legal system. At that point, knowing her rapist would be in prison for many years, she felt able to put more time and energy into herself.

I think it's just a part of my healing process, starting to recognize the stress associated with that, and that it's time for me to fight for myself and not everybody else. Not that I put down any of those advocacy efforts. I have not.

Although she had been attending counseling and support groups immediately following her rape and throughout her perpetrator's trial, this realization was a powerful moment in her healing process. She had given advice to others about self-care and chose to take her own advice. When her services ended at the rape crisis center, she chose to continue individual therapy at a private practice to further address her trauma as well as other areas of personal growth.

Someone's got to take care of you too, and my own words came back to kind of bite me in the butt, and I realized I'm not going to do any good with my

legislators, with the rape crisis center. I'm not going to do any good for any of them if I don't take care of me and I did.

An ex-boyfriend of Cate's offered support when she disclosed her sexual assault. His ability to listen and be present with her and her pain was very meaningful for her. She felt validated to have a man who cared for her understand that she had been assaulted and was angry and sad about that with her.

Even just acknowledging it and having someone who sat there with it. Didn't question it. It was really valuable to me because, in a way, it was exactly what I needed at that time. Someone who could sit and hear it and take it really seriously and really get angry about it. That was really a big start of the healing process. Hearing from another man too, that he was upset, and he did it in a way that was really comfortable for me. He didn't make it about him and his ego or threatening of his ego or whatever else. He just saw it for what it was and was really able to just sit with that.

Later, her training and work as a sexual trauma therapist helped her to gain insight regarding the impact that her rape had on her and her relationships. Through this process of healing and developing self-awareness, Cate was able to be a good partner and maintain a loving relationship that resulted in marriage and starting her own family.

Natalie developed issues with intimacy after her sexual assault. There was one incident in particular when she experienced a strong sense of panic while being intimate with a boyfriend. Her reaction shocked her because she did not rationally have anything to fear in that moment. She started having flashbacks about her sexual assault. Reflecting on this incident helped her to begin to understand her trauma.

I was about 17 and I was being intimate with my boyfriend. We were just kissing, and I recall getting the sense that he might want things to go further. I just got up and immediately left. I walked out of the apartment, got in my car, and drove home without any kind of explanation or even understanding myself about what happened, and I really freaked him out and me. I just remember reflecting on what happened after the fact and really realizing what that was about. Flashbacks of my assault started surfacing. I didn't understand the term trigger at the time, like an emotional trigger, but that incident certainly was an emotional trigger.

Years later, she was able to process this further in counseling. Engaging in her own healing process and self-care regimen was empowering for her. She has found a sense of purpose in being a counselor who specializes in sexual trauma.

Coping and Healing. This theme was evident throughout the interview process and highlighted change and growth. Many of the participants shared that, at first, they coped in unhealthy ways by how they engaged with others, using substances, disassociating or disconnecting, engaging in unhealthy eating patterns, or working excessively. Coping mechanisms served as ways to numb or manage emotions, feel more in control, and protect themselves from further harm. Part of their transformation was learning how to care for themselves, identify their feelings, and cope in healthier ways.

Erika, Frances, and Helena described themselves as people pleasers who masked their feelings. Focusing on others was a way to distract themselves from their own emotional pain as well as to protect themselves. Frances described herself as an “expert people pleaser and conflict-avoidant.” Erika stated, “I know that because of the

abuse that I became a people pleaser and a giver and didn't really care about myself and really cared about others around me, which is a lot of codependency.” If they kept other people happy, then they would less likely be harmed. Pleasing others was a method of seeking approval and validation as well. This way of coping may have served them in the moment but left them with a poor sense of identity and lacking deep connections with other people and the world around them.

Bernadette shared that she was aggressive and promiscuous as a teenager as a misguided way of taking back control over herself. She also felt that she needed to protect herself and being the aggressor in situations felt safer than waiting to be hurt by someone else. She used alcohol and marijuana to numb her emotional pain. She later realized that her sense of control from these behaviors was an illusion and that she was actually out of control.

The fast child, always hanging out with the boys. Very promiscuous. Just fought all the time, all the time at school, at home. It was my way of having control and no control.

As an adult, she knows that she has more to offer romantic partners than physical affection. She wants to be loved and appreciated for her whole self.

There is not these promiscuous behaviors anymore. That isn't the only thing that I can offer the opposite sex. I've got a brain and heart to go along with the body. So, I think that has definitely changed. It's how I view myself internally that changed all of that.

Bernadette now realizes that she was coping in the only ways she knew how when she was younger. This is how she managed to survive a terrible situation.

That was one of your coping mechanisms. That was what you thought was right at that point in time. I was like no wonder. You're good. This was supposed to have been in your life. You didn't have protective factors put in place after your trauma. You didn't have support.

Bernadette has realized the importance of a support system. She has received counseling at several points during her life, typically when she was having marital difficulties. The subject of her trauma history inevitably arose as she processed her relationship issues. She has developed friendships and a support system of colleagues at the rape crisis center where she works. In addition to supporting sexual assault survivors, Bernadette is committed to mentoring trainees and colleagues who are also survivors. This has been very rewarding to her.

Diane often disassociated and was in denial about the abuse she suffered in her 25-year marriage. She emotionally numbed herself to survive and manage her distress. These processes were gradual and not in her conscious awareness as they were happening.

I didn't know what was going on while it was all going on, and that includes a lot of other domestic violence stuff. I just thought for some reason we had a very volatile marriage and he was insanely jealous and crazy. I didn't. I wasn't even allowed to consider what he was doing was wrong. The word rape didn't even occur to me. So, I just knew that I couldn't stand my life, what was going on, and that I was terrified of him.

Diane has been safely out of her marriage for over 10 years. She has been in individual and group therapy and support groups throughout this time and has learned

many healthy coping skills. She has been willing to try anything that will help her to continue to heal and to be able to fully feel her emotions. In addition to therapy, Diane reads many self-help books about trauma and domestic violence, and practices yoga, meditation, and breathing exercises.

Frances used denial and, for a brief time, drugs and alcohol to numb her emotions after being sexually assaulted. She acknowledged that this made her vulnerable to being assaulted again. After suffering three sexual assaults within 2 years as a college student, Frances coped by focusing most of her energy on school and her teaching career. She described herself as a “workaholic.” She was a very successful kindergarten teacher who had administrative duties and was actively involved in continuing education and training. Frances found a way to channel her anxiety and mania into something productive and helpful to others. The most powerful coping skills she learned were yoga, breathing exercises, and good nutrition. These practices helped her to feel “real” instead of feeling numb and “dead inside.” When Frances retired, her anxiety increased without work to keep her occupied. She sought trauma-focused individual and group counseling at the rape crisis center to finally address her history of sexual trauma.

I think coming here has been huge. I don't know what the difference is because as soon as I got here and did the intake, I just cried constantly. I mean I was like sobbing. It was like water was leaking out of my eyes constantly and then I did the group therapy and every time I come, I sit down. I'd start crying through the whole session. I think it was an eight-week session and I had no idea it was going to happen. I leave and then it would stop. Then I come to the second week, same thing. My eyes would just be leaking water, just a steady stream of

water. So, I think somehow there's just something maybe. I think just addressing the fact that, yeah, I belong at the rape crisis center, you know.

Like Frances, Cate was raped as a college student and focused her energy on her studies and on becoming as self-reliant as possible. She shared, "I focused a lot on school more instead of meeting people in that time." Cate knew she was a good student but she did not feel confident in her judgement of other people after being assaulted by a man she was dating. She coped and tried to keep herself safe by avoiding relationships with peers, especially romantic relationships. During the process of becoming a counselor, Cate began attending individual counseling to address her relationship difficulties and past trauma. Her training experiences as an intern at the rape crisis center required her to engage in the therapeutic interventions to experience what they were like before using them with clients. She processed these experiences in her own therapy. Cate has developed a strong self-care regimen that includes exercise, good nutrition, yoga, meditation, deep breathing, painting, reading, and spending time with her family and friends.

Helena used drugs and alcohol to cope with depression and anxiety before her sexual assault. She sought out attention and approval from other people to feel better about herself. When she was assaulted, Helena decided that she wanted to create positive changes in her life. She first sought support from her family. She then decided to attend trauma-focused individual and then group counseling. She is also studying psychology in college. She learned to acknowledge and cope with her feelings in the moment, often seeking support from a rape crisis hotline during her first six months of counseling when

feeling overwhelmed. She described her commitment to therapy and to her healing process.

So, looking for help and then just working like a full-time job. I took it as that, my healing. It was and it's been the most important thing that I do every day. I read books. I watch videos. I meditate. I go within. I look for people that inspire me and just positive people. All the negative people that were in my life before, I am blocking. They don't have access to me anymore. So, that has really helped me too.

Camilla coped by using her anger at her rapist and at the legal system to advocate for systematic changes. She often isolated herself during the year after her rape, while her trial was pending. This was a way that she could protect herself, feel safer in home, and try to rest and restore herself. Using her voice via social media has also been helpful for Camilla. She can communicate and connect to others in a way that feels safer. Later, she became more engaged in counseling and has continued to seek support from friends, family, and co-workers. Her work helps her to cope as she feels she is contributing and making a difference in the world.

Natalie developed eating issues and went through bouts of over-exercising. Sometimes she would restrict food and other times she would overeat. She also became sexually active shortly after her sexual assault as a way of trying to feel more in control over her body. She tended to isolate herself from others when in distress. She attended individual counseling at several different points during major life transitions, such as her divorce and during graduate school while studying to become a counselor. Natalie learned a lot about herself, and she uses her self-awareness to maintain wellness and

healthy relationships. Coping skills that she utilizes include spending time with family and friends, being in nature, exercise, meditation, breathing exercises, good nutrition, painting, and listening to music. Making time for these self-care activities on a consistent basis is a priority for Natalie. Bernadette, Cate, and Natalie have a support network of colleagues who work in the fields of sexual trauma and mental health.

Each participant struggled with unhealthy coping mechanisms early on in their paths to healing. They all emphasized that healing takes time, effort, and commitment. The work involved can be very difficult. While they have reported significant personal growth and healing, they shared that their healing processes are ongoing. Developing a support system was a key factor shared by all of the survivors interviewed. The professional support they received in counseling helped them to develop self-awareness regarding their thoughts and feelings, the impact of their trauma, and unhealthy patterns in their lives. They also learned healthy coping skills to manage distress and develop healthier relationships.

Positive Life Changes. This theme emerged from interview questions related to how participants perceived they were doing currently in different areas of their lives. Over time and through efforts to heal from their traumas, participants reported significant improvements in the subthemes of mood/psychological symptoms, self-concept, relationships, and spiritual beliefs and attitudes about life. These are the same subthemes that were presented under the first major theme, Negative Impact of Sexual Trauma. Discussing the negative and positive aspects of these subthemes is essential for a deep understanding of the transformative process of growth. All of the participants found that helping other people played a significant role in their healing and continued to be a

priority in their lives. The interviewees were particularly focused on helping other survivors of sexual trauma.

Mood/psychological symptoms. Overall, participants reported reduced intensity of psychological symptoms and increased ability to cope. Initially, they shared that their traumas left them with feelings of fear, anger, sadness, confusion, and anxiety. Two of the interviewees had even thought about committing suicide. Some participants reported meeting diagnostic criteria for Major Depressive Disorder, PTSD, Generalized Anxiety Disorder, and Bipolar Disorder at some point in their lives. Other participants reported changes in mood and behavior and symptoms consistent with PTSD, such as nightmares, flashbacks, and hypervigilance.

After years of self-reflection, life experiences, and professional and personal support, participants reported improvements in their mood and decreased psychological symptoms. They expressed feelings of happiness, strength, gratitude, empathy, and acceptance. Symptoms vary in intensity among the participants, but all reported a significant decrease in anxiety and depression. They shared that symptoms are much more manageable, and they do not feel overwhelmed by them anymore. Overall, they feel stronger and happier, and their symptoms do not keep them from functioning in their daily lives.

Frances reported a history of anxiety, Major Depressive Disorder, Bipolar Disorder, and PTSD that she had struggled with at different points over decades. Her PTSD symptoms subsided after trauma-focused individual and group therapy. She still experiences symptoms of Bipolar Disorder. However, her symptoms are milder and more manageable. When she first retired, she overloaded her schedule with volunteer work.

She is still actively involved in community service but is now able to slow down, relax more, and enjoy her retirement. She enjoys gardening, craft projects, visiting museums, yoga, meditation, chatting with close friends, and visiting her brother and his family. Frances would like to have a “housemate” but does not “trust enough” to do that. She has considered pursuing a romantic relationship, but her perceived stigma of her mental health concerns has kept her from doing that.

I don't have like a primary relationship. It's hard to tell somebody that you have a Bipolar diagnosis and that you've been hospitalized three times. I don't know.

I just don't want to. I don't see how that conversation can go well. I don't know.

Diane reported that she still experiences mild symptoms of dissociation, hypervigilance, anxiety, and depression. She is grateful for how far she has come in her recovery but still feels as though she has a long way to go to feel how she would like to. She feels more grounded and connected to herself and others yet still somewhat disconnected and numb.

Sometimes when I'm journaling or something, I'll write I'm living, but then I'll write, like in capital letters, I want to live. To me it's different. I live, and I would like to feel alive. Yeah. It's really hard to describe it, but I can feel the difference.

She was surprised at how much time and effort it has taken for her to move through her healing process. Diane described moments when she felt most connected. For instance, when she is working with her students or doing activities that she has always enjoyed with her adult daughters.

There are times when I am working with the kids that I, it's not 100%, but that I feel more like myself or in my body or you know, where I'm not like kind of outside watching myself do my job. So, I definitely have those moments. My daughter and I, sometimes we'll go skiing here, if you can call it that and at times like that, during the day or like when I ride horses, which I did all my years growing up, I will have moments then of feeling more alive or more comfortable in my skin basically.

Diane has remained committed to healing and personal growth. She is open to stepping outside of her comfort zone in therapy and in her personal life. She has been dating a man for several years now and ensuring that she gets her needs met within this relationship, including her personal space.

Despite Camilla's symptoms of anger, anxiety, insomnia, intrusive thoughts, and hypervigilance, she managed to advocate for policy changes regarding how local law enforcement handle sexual assault cases and actively lobbied for changes at the state level, making several trips to her state capital. She did all of this while her own trial was pending during the year after her rape. She suffered from a significant level of emotional and psychological distress and managed to maintain a high level of daily functioning. She attributes this to having a strong support system as well as being a "fighter." Camilla understands what her emotional triggers are and that they elicit intrusive thoughts and feelings about her trauma. She is able to manage her distress as it occurs. Her sleep patterns have improved, and her anxiety is less intense.

Erika expressed that she has moved through her healing process and is thriving, stating "The last year I've been definitely, you know there's that saying like your healing

or you're surviving and thriving, and that kind of a thing. Definitely in a thriving phase.”

There was a time when Bernadette wanted to end her life because of the shame, guilt, sadness, and anger she felt about her abuse. She has difficulty relating to those feelings she had so many years ago. At the end of her interview, Bernadette shared, “I just love life now. I love life. I love what I'm doing.” Helena expressed how happy she is with herself and the changes she has made.

Now that I understand myself better and better understand feelings, emotions, thoughts, all those things, I don't need substances. I don't need an external thing to help me. I have me. I am very self-aware. I am strong. I am confident. I don't allow negativity in my life, and that's because I love myself. So, I'm happy. I'm just happy. I'm a happy person now. I've been working really hard on my depression and my anxiety, and it has faded. Like it's not as strong anymore, and I understand where it comes from. So, when I'm feeling down, I allow myself to feel down, but I don't go down in that dark, dark hole and stay there forever without knowing where to go or how to move. Now I've learned many different coping skills, and I can get out of that hole faster and easier and that makes me the happiest.

Most of Cate's anxiety was in regard to being in close relationships, particularly romantic relationships with men. She feared getting hurt by people, physically or emotionally. With effort and support, Cate was able to address these fears. She became willing to trust and be vulnerable in relationships, in part, because she felt strong enough to handle whatever came. Cate expressed how she knows that she has experienced healing from her sexual assault.

It feels more like blurry in a way. My distress level doesn't come up, and it feels more like I feel when I know I'm okay. I don't have mixed feelings about it.

Like I know that the world can be dangerous, and I know that I can do everything I can, and it can still happen. Things like car accidents can still happen. Things can still happen. I think that's where before, my head, heart, and gut just couldn't connect at times, like with relationships. Like of course, it's awful, and it's not impacting my system now. It's not making me feel all over the place.

Natalie has a history of depression and anxiety. In the past, these symptoms affected her quality of life, her self-concept, and her relationships. She struggled with unhealthy eating habits and body image issues for many years. When she sought counseling the first time for support through her divorce, Natalie had the opportunity to process her sexual assault. She put a lot of time and energy into herself and has achieved psychological and physical wellness. She no longer meets diagnostic criteria for depression or anxiety. Natalie still experiences hypervigilance in her daily life, but it does not keep her living fully. She copes with her emotions as they surface. She described how she feels now.

I definitely feel more confident and comfortable with who I am. I really appreciate all of my strengths and weaknesses and understand those things about myself. My self-awareness has definitely grown tremendously. I had a poor sense of self and low self-worth and poor body image. How I interacted with others was very different, who I chose to let into my life. How I engaged in relationships was very different.

Self-concept. Most of the participants reported a stronger sense of identity and increased self-confidence and self-esteem. Through their healing processes, they developed more trust in themselves and their abilities and greater self-respect. This demonstrates a significant amount of personal growth after trauma. Some of the participants reported that they lacked confidence and self-esteem prior to their trauma. For these women, the trauma exacerbated this existing issue. They also perceived that their low self-esteem made them vulnerable to manipulation by their abusers. Other participants recalled feeling good about themselves and confident that they would accomplish their goals, which was lost for a while after their trauma. They had to work hard to feel good about themselves again.

Diane reported feeling “fine” and “normal” during her childhood, adolescence, and early adulthood. She shared that therapy and support groups during the past ten years have helped her to feel “fine” about herself again, but her past abuse still affects her self-concept.

I'm doing well and functioning. I definitely have made progress, and I talk differently than I did when I first met some of these people. I don't feel badly about myself. Sometimes, I just don't feel myself, which sounds weird. I always walk around with this feeling of like disgusting, not like I'm disgusting. I'm not, but that feeling is constantly there.

Diane expressed that she does still experience a pervasive feeling of “disgust” since her abuse. She shared that she does not feel as though she herself is “disgusting.” She attributes this feeling to the abuse itself, which she perceives as progress. She values

herself and recognizes that her ex-husband is to blame for the abuse she suffered. She is still working towards developing a more cohesive sense of self.

Frances described herself as “healthy but damaged.” She also felt “lucky” that she was able to survive so much. Now, she cannot believe there was a time when she blamed herself for her rapes. She expressed feeling proud that she went back to school and earned her Bachelors and Master’s degrees in Education after her sexual assaults. Frances feels “grateful” for “a successful teaching career” and for the opportunity to process the impact of her trauma in her retirement. She identifies as a retired teacher, a volunteer, and a gardener. These roles have given her a sense of purpose, particularly being an educator.

Bernadette was abused at such a young age that she does not recall much about her childhood. Throughout her childhood and adolescence, she felt shame, self-blame, and guilt, which she outwardly expressed through anger and aggression. As an adult, her role as a mother and her career in sexual assault advocacy gave her a sense of purpose. She shared that she can no longer relate to how she used to feel about herself and the world around her. Now, Bernadette fights for herself and other sexual assault survivors rather than fighting against the world like she did when she was younger. She no longer feels defined by her abuse.

It definitely has changed me by being a fighter in a sense, not only for myself and for others. I speak up for myself a lot more in the moment when things are happening. I definitely think it has also given me a sense of even though bad things happen, you can live a good life. I don't have to live in the past because there's so many days to look forward to in the future. It helped me realize that

just because something bad has happened, I don't have to let it define who I am anymore.

Camilla shared that she has always been a “fighter,” standing up for herself and speaking up whenever she saw injustice. She perceives that going through her trauma has made her even stronger. She described how she feels about herself now and how she felt when her rapist was found guilty and sentenced.

A lot stronger, but like I said, I think I found the fortitude I didn't have before.

That day of sentencing was one of the strongest days ever that I've had in my life that I could think back on.

Camilla did admit that she has a tendency to act strong when she does not feel strong, which she perceives as problematic. A major part of her growth and healing was to allow herself to feel down, defeated, and broken. She had to process those feelings after her rape before she could truly feel strong again.

Don't sit there and say as long as I act strong, which is one of my problems, as long as I act strong, I'll be strong. Fake it til you make it. Don't do it. It's okay to be completely broken after this happens, perfectly okay. Don't try to fake it.

Therapy is critical but, we all have...we were different people, unique individuals before this happened. Every rape is a unique circumstance.

Erika shared how much better she feels about herself now. She realized that the abuse made her so focused on pleasing others that she did not know who she was and what she wanted. As part of her healing and recovery, she gave herself a year to prioritize herself and her needs and get to know herself again. This action helped her to develop a strong sense of self.

I feel really whole. I feel happy. I feel very blessed that I have the life I have. I mean, I worked my ass off, and I feel like I'm just really reaping the benefits of working my ass off to get my life back, because you know what the abuse...I was living other people's lives. I was a chameleon. I was living the life that I thought other people wanted me to live. I would dress the way I thought other people wanted me to dress. So, when I first got into therapy and recovery, I remember telling myself when I decided to take a year to give it to myself because I had never done that for me.

Helena described her sexual assault as “an awakening.” She recalled looking at herself in the mirror afterwards and having a new perspective on herself and what she wanted to change. She expressed how she used to feel about herself, “I felt worthless. Yeah. I was very dark.” Helena now feels “strong,” “confident,” and “beautiful. I am worth it. I don't deserve any of that stuff, and I don't deserve people treating me badly.”

Natalie reported having low self-esteem and poor body image before her sexual assault. These feelings became significantly worse after the traumatic event. She felt ashamed and blamed herself for what happened. Therapy helped her change her distorted perceptions of herself and her trauma. Her specialized training in sexual trauma as a counselor further developed her self-awareness and self-concept. Natalie now describes herself as a, “hard-working, kind, loving, more confident person. I think I've learned to be resourceful as I have tried to grow as a person and a professional.”

Cate shared that “helping others” in her work has helped her to learn more about herself and “grow stronger.” She always felt confident and capable regarding school and

work. The most significant change for Cate is that she feels confident about developing and maintaining healthy relationships.

It's just about really identifying what does make me feel my most authentic self and spending that time and energy with those people. So, I think now, definitely compared to the past, I think my relationships are stronger. The ones I keep are stronger than ever before. I think there's just more awareness. I feel strongest with more authenticity. Just being able to be myself.

Relationships. Participants shared how their sexual trauma negatively affected their relationships with partners, family, and friends. The most common theme amongst the participants regarding relationships was trust issues. The survivors also reported intimacy problems, unhealthy relationship patterns, and poor relationship boundaries. Five of the eight participants reported being victims of domestic violence. Through their efforts to heal and grow, participants were able to increase their self-awareness about the impact of their trauma, develop healthier relationship boundaries, and change unhealthy relationship patterns.

Diane has maintained friendships from her childhood and continued to develop friendships throughout her life. She shared “I have a lot of friends. So, I have friends from college still. I have friends from kindergarten. I have new friends from support groups. I mean, I still actually like people.” Diane generally hid her marital problems and abuse from her friends during her marriage. When she did disclose what she had gone through after her divorce, some of her friends and family were supportive and some remained friendly with her ex-husband. Diane learned how to develop health relationship boundaries to protect herself. She ended friendships that were not healthy for her and is in

the process of making deeper connections with supportive friends and family. She shared that she has been in a five-year relationship with a man who treats her with kindness, respect, and understanding. She is still developing greater trust in this relationship and determining what her relationship goals are.

Frances described having distant relationships with her parents and siblings throughout most of her life. Her father was physically abusive towards her brothers at times, but not towards Frances. She learned to keep to herself as a child, and that has continued into her adult life. Frances has lived alone for many years but is very active as a volunteer in several community organizations. She has one close friend who she feels comfortable opening up to. Within the past several years, one of her brothers disclosed that a college professor tried to rape him when he was a freshman. Her brother was a talented musician majoring in Music. This professor was an esteemed member of the Music department faculty. Her brother changed his major and pursued a different career. Her brother had known about her sexual trauma history when it happened, but Frances had no idea that her brother had gone through his own trauma. She has become closer to her brother and his family. They live a few hours away. Frances enjoys spending time with them but admitted that she feels anxious about initiating plans and does not feel as connected to him between visits.

I have a brother a few hours from here who I have a relationship with. He's the brother that I talked to you about what happened to him, but when I'm up here I actually don't feel connected to him. It's very hard for me to pick up the phone and call him, but it's hard for me to do that with anybody except my close friend. I'm going to go down this weekend and I'll have a good time. I always

have a great time when I'm down there. His daughter lives there and I now have a relationship with her and her husband and her two little kids and my sister-in-law but, I'm not on the phone talking to them all the time.

Camilla shared that her friends and co-workers have been very supportive. She has met local reporters and other volunteers and advocates at the rape crisis center who have been supportive and share her passion for social and political changes. Her parents and family have tried to be there for her, but they have not always been understanding about how vocal Camilla has been on social media about her rape. Camilla expressed feeling hurt by her parents' differences of opinion but understanding about it because they come from a different generation. Camilla has always been a social person who can easily make conversation with people. She isolated herself for a while following her sexual assault. After her rapist was convicted and imprisoned, she started going out with friends again and talking more to her neighbors. She prefers going to restaurants or areas that she is familiar with. This gives her a greater sense of safety and security. Camilla has not dated since her assault. She has concerns about trusting in a relationship, but she is confident that she will be able to handle whatever challenges she is faced with.

I think I'm starting to go out more generally with people from work. I haven't really met anybody new to bring into my life, male or female, you know best friends or anything else, but I'm going out more with people I know. I don't go to unfamiliar places too much. Now I'm starting to just get out more. I want to say the fog is lifting.

Helena, Natalie, and Frances all disclosed that they have struggled with being able to establish and maintain meaningful sexual intimacy. . The nature of these struggles

is, in part, reluctance to trust their partner and an ongoing awareness that trustworthiness is a component they must keep in their awareness. Helena has started dating since her assault. She shared that she used to let men into her life too easily. She is more careful about choosing her partners now and happy with her progress with healthy relationship boundaries. She expressed that she still has intimacy difficulties at times though.

Sometimes when I'm intimate with somebody else, I have a hard time with that.

Yeah, because I feel...I know that they're not him, and they're not going to do the same thing, but it's just hard. I don't let people in so easily like I used to.

Natalie had intimacy issues in her teens and early twenties. She worked through those with her first husband and in therapy. Her second husband has been very understanding and supportive on the rare occasion that she has a moment of difficulty. Natalie struggled with opening up and trusting men and had a tendency to choose men that were not good partners to her because she did not feel secure within herself.

I really had some unhealthy relationships in the past. With my first marriage, it was really more about how he felt about me that drew me to him, and I didn't see how different we were and how different our goals were, and over time I became the person who was taking care of everything, and it was not at all an equal partnership. I really struggled deeply with deciding to end that marriage.

She spent years working on herself and dating occasionally before she felt ready for a serious relationship. She is now in a healthy, happy marriage that she describes as the “partnership” that she has always wanted. She has also developed healthy relationship boundaries with family and friends.

Bernadette was sexually abused by her older brother and was a victim of domestic violence in her first serious relationship. She has been divorced twice and is currently in a long-term relationship. Although she still struggles, her trust in other people has grown tremendously over the years, and Bernadette is feeling the rewards of opening up to others. Disclosing her sexual assault to her colleagues and trainees at the rape crisis center, her partners, and her family has helped her become more comfortable trusting others. She has recently recognized the value of friendship and has enjoyed socializing more.

I didn't use to have friends. I mean I did have friends. I may have had like one or two friends, but I think now, even though it takes a lot to trust, I see the benefit of having that support system.

Bernadette feels more understood by her daughters, which has made them feel closer. She still harbors anger towards her father. They have always had a strained relationship because he favored his sons over her. However, she is his primary caregiver in his elderly years.

Like Bernadette, Erika still has some feelings of anger and frustration with her mother for not protecting her. Erika copes with this by considering the pattern of dysfunctional relationships in her mother's family. Erika was on that same path. She had been in several abusive relationships before realizing that she was a victim of domestic violence. Erika has worked hard in therapy and in her support groups to recognize and change these unhealthy relationship patterns. She first worked on her relationship with herself. Then her relationships with family, including her biological father and stepmother and the father figure who was in her life as a child. She now has positive

relationships with her family, a good group of friends, and a joyful, satisfying relationship with her fiancé.

My friendships today, they're not shallow friendships. They're not surface-level friendships. They're meaningful friendships. With my partner, it's really cool because we have a lot of similarities, like we both grew up Catholic. We both kind of went our own routes. We both try to be our best selves and grow. We're not stagnant. We're always trying to evolve, and so we're very similar in that respect. We just have a lot of respect for each other, and we really love each other. I get excited to be home with him.

Spiritual beliefs and attitudes about life. Examining participants' spiritual beliefs and attitudes about life offered more insight into how they made meaning of their trauma. Participants discussed how their perspectives of spirituality influenced their attitudes about life and the world around them. So, these two concepts are presented in this section together as one subtheme. Their trauma led many of the participants to question their faith and their higher power. Most of the participants shared being raised Catholic or Christian. One participant was raised in the Jewish faith, and one participant identified yoga and meditation as her spirituality. Many of the participants described becoming more spiritual and less religious throughout their adult lives. The meaning of faith and spirituality among the participants will be discussed as well as how their beliefs evolved. Key terms that emerged among the participants in this domain included acceptance, non-judgment, forgiveness, and gratitude. They each had their own unique perspective and experiences with these concepts. The narratives that they created in their minds about what happened to them changed and evolved with time and effort. The

survivors shared how their trauma and healing processes influenced their attitudes about life.

Bernadette, Natalie, Camilla, and Cate questioned their religious faith, asking God why such terrible things happened to people. Bernadette shared that she still goes through periods of questioning her faith and arguing with people about the Bible.

I've stopped going to church for a while. I'm looking for a new church to join now. I went through this push pull relationship, like why do bad things happen to kids? You know, they're supposed to be the most innocent, and God is supposed to be this protector. I would argue with people about the Bible because I went to church Monday through Sunday growing up, and I would argue with people and say, the Bible is not working for everybody.

However, she continues to search for a Christian church that feels comfortable and nonjudgmental because her spirituality is important to her and has helped her to cope with life's challenges.

I was judged in the church. I was judged by teachers. I was judged by my family. I mean, I was judged by everybody. Every single body, but nobody asked what's wrong? What's going on with you? So, I think we just have to move away from that judgment, and just get to the why. Why is a person acting the way they are if it's not normal behavior? Be a friend. Be a mentor. Give some love and ask. That was completely missing in my life.

Bernadette's favorite prayer is the Serenity Prayer. This prayer reflects her philosophy about life and how acceptance and self-forgiveness helped her to heal.

I think that's the best prayer. The courage to change the things I can and to accept what I can't and what I can change. That's what I used to help me out because what I can change is my perspective and my actions. Those are the things I have control over when I was going through my healing process, and that's what I focused on, and the things that I couldn't, I let it go.

Natalie was raised Catholic and used to subscribe more strictly to those religious beliefs. She acknowledged that her sexual assault led her to question her faith and that she went through a period of spiritual exploration like many young adults do.

I was raised Catholic, and I subscribed more strictly I guess to it. My beliefs were more strongly in line with the Catholic church, my spiritual practices. I'm grateful that I was raised with that Catholic faith. I think it gave me a strong foundation of spirituality and faith that has been really helpful to me. Then, over time, I have moved further away from the Catholic church. I have developed my own beliefs and values that are not exactly in line with the church itself. So, I would say, in relation to my sexual assault, that it led me to question my faith and why that happened to me. I beat myself up a whole lot about it and really relied on my faith to get me through that difficult time. Over the years, it helped me to understand more about myself and more about other people, particularly the people that I work with, the clients I work with.

Natalie still considers herself Catholic but does not practice this religion regularly. She considers herself to be a spiritual person with strong faith. She feels most connected to a higher power in her relationships and when appreciating beauty in the world, such as nature, music, or art. She shared, "I have a sense of faith that things will

always work out the way that they're supposed to. I'm very grateful for everything that I have, and I take time to appreciate my life everyday.”

Camilla was raised Catholic as well. She does not practice regularly, but she still identifies as Catholic and has a strong relationship with God. She did question why she experienced such a painful, traumatic event.

I still have faith. He did carry me through, and I mean it was a difficult time. I think it took me a few months to not cringe at the thought of religion or faith. I knew He existed, but I was like, why is He giving me this hell on Earth?

She believes that God has been present with her throughout her healing process and gave her the strength to continue. She has found that comforting.

We always hear about footprints, and I do think He ultimately carried me through it. He's given me everything I needed, maybe not in my timeline, but He helped me gear up and go into interview mode hardly 10 days after and get the job I had been holding out for. I'd been unemployed for so long because I knew I wanted a non-profit. I knew I wanted an agency or an organization that was doing good for the world or society, be it local or whatever.

Cate described going through a period of spiritual exploration that was typical of a young adult. Her spiritual struggles became more intense when she began treating sexual abuse survivors as a counselor, which was also around the time when the history of abuse within the Catholic church became public. She shared, “Definitely seeing the impact of other people who had such a connection to faith and then were victimized by it at the same time. That was really hard to work with.” Cate still considers herself to be Catholic, but she describes herself as a more spiritual person with strong faith in a higher

power and in the universe, “Things will happen for whatever reason. The universe will somehow give me what I need.” Cate expressed how her past trauma helps her to appreciate the good in life and have acceptance that bad things can also happen sometimes, “I think it just allows me to appreciate the good, but also know good things can come from bad things. Unfortunately, life will give us all stressful situations of some sort.”

Like Cate, Erika was raised Catholic and has explored different religions and churches as part of her personal growth journey and for spiritual support through her healing process. Erika and her fiancé have done some of this exploration together. Her fiancé subscribes to some Buddhist beliefs and practices, and aspects of this resonate with Erika. Her biggest struggle in finding the right church community for her has been judgment within some of those communities.

I feel like when someone labels themselves in the faith, it's almost like they have to be held on a higher standard because their actions speak to that faith. So, if you're being a racist, and you're claiming yourself as a Christian, according to the Bible, there's no place for that. So, I guess it's just hard because coming more into that role of faith and Christianity, I have experienced or seen a lot of bigotry and just people excluding people and thinking they're the self-righteous people, and I feel like some people are placed on this earth thinking they're the judges, and they're meant to convert people and the evangelistic, and I'm like, just love people. Just be kind, and if you really, really believe in a God this big He's going to take care of the rest of it.

So, for Erika, it is most important to live her life by a set of personal values to treat others with kindness, openness, understanding, and respect.

Diane does not consider herself to be a religious person. To her, the Jewish faith has been more about community than religious beliefs. She has appreciated feeling a part of that community throughout most of her life. The community members have been a helpful support network for her, even when they had no idea about the domestic violence she was experiencing in her home. She goes to Temple occasionally stating, “I’ll go to Temple sometimes, and I like the people, and the Rabbi. It’s not a particularly spiritual thing. I just like it. The sense of community.” Diane’s teaching job also makes her feel like she is part of a community at her school.

Like Diane, Frances felt a sense of community at the school where she taught and in her yoga group. For Frances, her yoga and meditation practices are the foundation of her spirituality. This includes the importance of gardening, good nutrition, and serving her community as a volunteer. These activities help Frances to feel more connected to herself, to nature, and to other people. She no longer practices yoga regularly like she used to, but she still applies the principles to her life and experiences the psychological benefits that it gave her. She described it as “a revelation.”

Bernadette and Helena had expressed that they once felt that the world was a dark, unsafe place that everyone was out to get them. Erika went through life feeling defeated and like everything that went wrong was her fault. She tried desperately to be what the world wanted her to be and that she had to “mask” her true self. Cate shared that her rape made her realize that there were dangerous people in the world and that bad things can happen at any time.

Bernadette has remained focused on her role as a mother and on her work as an advocate for sexual assault survivors. She has found that continuing to move forward has helped to keep her from getting stuck in the pain and negativity around her trauma. She has tried to focus on the positive and share what has been helpful to her with the victims she works with. She has a strong sense of empathy for her clients. She asked God many times, "What is my purpose? Use me as You see fit." She believes that working with sexual abuse survivors, including advocacy, education, and prevention efforts within the community, is her lifelong purpose. She is involved in community outreach efforts and in training law enforcement officers regarding trauma-informed, culturally appropriate responses to sexual assault victims.

Really telling other people that have experienced this, it's an unfortunate thing that happened. It's horrific. That shouldn't have happened. It was not your fault. You did nothing to warrant this. What you can control right now is how you move forward. You have no control over what happened, but what you can control is how we go forward. I think that's what people need to know.

Camilla's sexual assault advocacy efforts have contributed to policy changes in how law enforcement handles sexual assault cases, including cultural sensitivity training. These efforts played a significant role in her healing process. She was so angry about her rape. She used her anger to create positive changes in her community. This was how she coped with her emotional pain. At this point, her anger is still there but has subsided. She remains passionate about her advocacy efforts but is more focused on self-care and personal growth.

Erika and Helena identified unhealthy patterns of relationships within their families of origin, including domestic violence. They are both grateful that they were able to see these patterns and that they have done the work to try to change them. Diane is hopeful that ending her abusive marriage and developing strength and independence will positively influence her daughters. Erika shared her experience with exploring her unhealthy relationships.

I started going back and looking at patterns and writing it on paper because it's one thing to talk about it. It's another to like see it on paper. That was just a huge revelation to me. To see how did I fit into these patterns? How did I choose them? How did they choose me? What's safe versus unsafe? Just learning all that, you know. It was a process, but it was something that I just slowly applied in my friendships, through people that came into my life. I just became really in tune with my intuition because the one thing I look back on is my intuition was kicking in all the time, but I didn't trust myself enough to pay attention to it.

Helena perceived her trauma as a wakeup call that led her to focus on healing from childhood trauma and breaking the cycle of domestic violence in her family. She is studying psychology and plans to pursue a career in the mental health field. The changes she has made personally and within her family as well as planning a career in mental health have given her a sense of purpose. Erika has also found purpose in helping other survivors through a blog and through volunteering at the rape crisis center. Diane finds purpose in helping new members of her sexual assault and domestic violence support groups.

Frances found purpose in her teaching career and in her community volunteer work. She had a difficult childhood. Looking back, she believes her parents suffered from war-related PTSD, which created instability in her home. Her mother seemed distant. Her father doted on her brothers much of the time but directed his anger towards them too. She witnessed her brothers being physically abused by her father. Frances paid special attention to the emotional well-being of her kindergarten students and advocated for those children who she felt needed psychological support and family intervention. In her retirement, she realized that she had focused so much on her teaching career that she neglected to develop other aspects of her life. She is using the time she has in retirement to further develop her sense of identity and strengthen her relationships.

My whole focus was on paying attention to the emotional climate in the classroom. When you have kids that have problems, I always wondered what...I always knew that there was some reason for this, you know. Principals would tell me I was a miracle worker, and the one principal just made sure that I had all the problem kids. I was interested in my work and it was very fulfilling, but I didn't develop other aspects of my life. I didn't realize that until I retired.

Natalie was in denial about being sexually assaulted. As a shocked, confused teenaged girl, it was easier for Natalie to believe a false story about what happened than to accept that she was the victim of a sexual assault. Memories and flashbacks of what happened kept surfacing, and eventually she chose to re-examine that story in therapy. Natalie created a new narrative that reflected her truth and grew to accept what had happened to her. Through her pain, she has found purpose in being a counselor. She finds

working with sexual trauma survivors particularly satisfying. She is also grateful for what she has learned about how to nurture herself and maintain healthy relationships.

Cate's narrative of her trauma has changed over the years as well. At first, she tried to block it out and focus on herself and her studies. After feeling abandoned by her father as a child and then after being assaulted by a boyfriend, Cate thought that men would always disappoint her and hurt her. She decided that she was not going to rely on anyone and that she should never get married or have a family. In her early twenties, she had a supportive boyfriend who helped her begin to face what happened to her. She struggled to develop deeper relationships for years. She got support in therapy and learned more about the impact of her trauma while training to become a counselor. She now has the perspective that people can manage the bad things that happen in life and she knows that much good can come out of tragedy.

Messages to Other Survivors, Society, and the Mental Health Field. As part of the interview process, survivors were asked what they would like society in general and mental health practitioners to know about healing from sexual trauma. They were also asked what they would like to share with other survivors of sexual abuse. Several of the participants shared that each survivor's path to healing is unique. Different people need different things to heal. Natalie expressed her sentiments to other survivors.

I guess I would say that I'm sorry that this happened to them and that healing is possible. I would say that everyone's path to healing is their own, and that they have to find what they need and what works for them. I would share the going to counseling at different points in my life was really helpful for me with processing what happened and with my own healing process. I think I would

also say that trauma affects people differently at different points in their lives and just try to validate the person's experience and make them feel believed and respected.

Survivors need to be ready to address their trauma, and that can take time.

Helena shared that she went to counseling multiple times before staying with it because she felt judged, and she was not ready or able to communicate her concerns.

So, I tried many different therapists in the past, but I was so closed off that I could not even...I had no idea how to express myself. I had no idea how to talk about my feelings. I didn't even know that I had feelings. So, every time I went into an office, I felt like I was being judged, and I didn't feel that they were ready for me, and I wasn't ready for them.

All of the participants shared their experience of judgement and victim-blaming. Camilla shared how this influenced her response in the initial moments after her rape.

It took me about 45 minutes to an hour to call police. Society has put the victim-blaming in us so much. It's ingrained in us to do that, and that was my first thought, that they won't believe me. It shouldn't...I mean, it absolutely shouldn't be that way.

Several of the survivors emphasized the importance of education about sexual abuse and prevention efforts, starting with how parents speak to their children about their bodies and modeling healthy relationships. The participants wanted to convey a message of hope to other survivors letting them know that healing is possible, with hard work and with support. Erika stated the following about where she is at in her path to healing.

So, I'm in a place where I can share that healing is possible because you know everyone has different phases and stages of their own recovery . So I feel like I'm in this place where I can say, Yeah. It's hard work. Yeah. It's shitty, and yeah, it's unfair that you have to do all this hard work for someone's selfish crime, but it's possible to get your life back and find meaning and purpose in it too.

They hope that survivors reach out for support even if they are not ready to disclose what happened. Support can come in many forms of local agencies, hotlines, friends, family, teachers, counselors, and pastors. Unfortunately, many of the participants did not receive helpful support when they first disclosed their abuse. This can lead survivors to keep suffering in silence. Erika shared how many abusers threaten their victims into staying silent, which can make it terrifying to tell someone and safely get out of abusive situations.

So many times abusers will threaten and they can feel very real and sometimes they are. That's what's hard is that when you're threatened it's hard to be like, would this really happen to me if I did something. So that's why a lot of people don't say anything, and it makes sense but, I think that the bottom line is that abuse survives in silence. The reasons abusers threaten or say things to silence you is because they don't want you to say anything. So that's where it's important to, if you can and I would definitely say an asterisk if there's a safe way to do it, to talk about it.

Several interviewees stated that counseling is not necessary for everyone, but that it was very helpful to them. Bernadette shared her opinion about this.

Everybody don't need to go to counseling. They may already have a foundation. They may have spiritual connection, and maybe they read books. Like I said, I went to counseling twice and not long either time. It was really both times I got some tools, what I needed in that moment, and I went back again and then got some tools again.

Some of the participants expressed that they wanted mental health providers to know that not all survivors need therapy to heal and that survivors need to be ready for therapy to get the most benefit from it. Another sentiment shared was that healing is not a linear or sequential process. Trauma affects people differently at various stages in their lives. The participants experienced ups and downs and periods of stability. Most of them reported that they are still dealing with negative effects of their trauma. However, they have more self-awareness and are better able to manage their distress. Healing is an ongoing process.

Summary

This chapter presented findings from qualitative interview data, including themes and subthemes that emerged and how they related to the research questions. Several rounds of coding were used to interpret the data and answer the research questions. Descriptive coding was the first method used. This method was chosen to allow themes to emerge organically. In the next cycle, emotion coding was used to try to capture the essence of participants' healing, transformation, and growth. Lastly, structural coding was used, which explored how the data answered the research questions, which were grounded in the Post Traumatic Growth (PTG) Model.

Themes were presented and discussed. Themes included: (1) Negative Impact of Sexual Assault; (2) Positive Life Changes; (3) Pivotal Moments; (4) Coping and Healing; (5) Messages to Other Survivors, Society, and the Mental Health Field. Subthemes within Theme One: Negative Impact of Sexual Assault and Theme Two: Positive Life Changes were, Mood/Psychological Symptoms, Self-Concept, Relationships, Spiritual Beliefs, and Attitudes About Life. Each theme and subtheme included examples and direct quotations from participants to provide evidence to support each theme using their words. Participants discussed what they would like other survivors to know. They also offered their perspectives regarding society's views about sexual assault and mental health treatment.

CHAPTER VI

DISCUSSION

Introduction

The purpose of this narrative research study was to examine the lived experiences of adult sexual assault survivors as they moved through their healing processes. The concept of posttraumatic growth was also explored. Eight survivors participated in semi-structured interviews lasting 60-80 minutes. Several rounds of coding were conducted to analyze the transcripts. Descriptive Coding was used during the initial coding cycle. For the second cycle of coding, Emotion Coding was utilized. Then, Structural Coding was applied to narrow down themes that related to the research questions. The study aimed to create a collective narrative from each individual story that supports the research findings. Additionally, the analyses can inform mental health treatment to foster resilience and posttraumatic growth in sexual trauma survivors. The following research questions guided the collection of the narratives. The central research question for this narrative study was:

What does it mean to be a sexual assault survivor?

The sub-questions were:

- 1) What negative life changes have been experienced after a sexual assault?
- 2) How do sexual assault survivors cope with the impact of trauma?
- 3) What positive life changes have been experienced after a sexual assault?
- 4) How does the experience of being sexually assaulted impact self-concept?
- 5) How does the experience of being sexually assaulted impact how one relates to others?
- 6) How does the experience of being sexually assaulted impact one's personal beliefs and attitudes about life?
- 7) What meaning do sexual assault survivors make of their traumatic experience?

The Categories and Themes, as presented in Chapter Five, emerged from these research questions and from the analyses of participants' responses. The purpose of this chapter is to interpret these findings through a social constructivist lens as they relate to the research questions, to explore the Posttraumatic Growth (PTG) Model, and to inform mental health clinicians about treatment of sexual assault survivors. Negative and positive life changes will be explored by discussing changes in mood and psychological symptoms, self-concept, relationships, and spiritual beliefs and attitudes about life. This format was chosen to capture the transformative process of healing. Themes of coping and healing and pivotal moments/turning points will also be discussed.

The narratives shared by the participants described their perceptions of their sexual trauma. Participants agreed that their traumatic experiences were terribly painful, and that healing is possible with hard work, over time. The negative impact of trauma was experienced more intensely early on during their healing processes. For most,

positive life changes occurred during therapy and in later stages of their healing. There have been various points in their lives when negative effects of the trauma were triggered and felt in different ways. Some negative life changes are still experienced by the participants, even after years of self-reflection, therapy, and life events. The participants reported developing more self-awareness regarding their symptoms and improved ability to manage distress. According to Calhoun and Tedeschi (2006), PTG can occur concurrently with negative life changes, psychological distress, and even physical injury. PTG domains include perception of self, strength, new possibilities, relating to others, appreciation of life, and spiritual change or changes in personal philosophy (Calhoun & Tedeschi, 2006). Exploring the realities and complexity of trauma, healing, and growth required examining the experience of negative and positive life changes after trauma.

Changes in Mood and Psychological Symptoms

Themes emerged related to changes in mood and psychological symptoms, self-concept, relationships, and spiritual beliefs and attitudes about life. Survivors expressed feeling shocked, confused, and afraid when their sexual trauma occurred. They also experienced anger, sadness, shame, and guilt. Often times, the survivors directed their anger and frustration towards themselves, blaming themselves for what happened.

Camilla and Frances felt blamed by their parents for what happened. Frances was raped twice by men she was dating and once by a friend. Her perpetrators were dismissive of her and acted as though they had done nothing wrong. Camilla argued that society's tendency to blame victims made her fear that she would not be believed by police. She initially hesitated to report her rape. The helpful support of a friend encouraged her to take the step of going to the hospital for treatment and rape kit and

going to the police department. Camilla expressed that she clearly knows that her rape was not her fault, yet she struggled with self-blame and guilt as she tried to recover. Frazier et al. (2004) found evidence that social support, among other variables, is associated with PTG. Frances and Camilla's experiences speak to the power of social constructs within society. The social construct of victim-blaming was experienced within their families and by police officers handling Camilla's case.

Erika and Diane expressed feeling terrified of their abusers. Bernadette recalls feeling very confused and scared because her older brother was her protector but also the one harming her. Natalie and Frances also described their shock and confusion after being assaulted. They did not have the understanding or language for what had happened. They just knew that they were in pain and that something was very wrong. Their confusion and fear emanated, in part, from the fact that their perpetrators had previously existing relationships with them. The violation of boundaries went beyond the physical act of abuse, leaving them with intense ambivalence about the situation and person.

Several of the participants reported suffering from mental health disorders that they related to their trauma. At different points in time, over several decades after her sexual assaults, Frances was diagnosed with Major Depressive Disorder, Generalized Anxiety Disorder, Bipolar Disorder, and PTSD. Diane and Natalie experienced symptoms of PTSD, Major Depressive Disorder, and Generalized Anxiety Disorder. Bernadette suffered from depression and substance abuse problems as a teenager after her childhood sexual abuse. As a child, Helena witnessed her grandmother and mother being physically, sexually, and psychologically abused. As an adult, she turned to alcohol and drugs to cope with her abusive marriage and feelings of depression and anxiety. Both

Bernadette and Frances experienced suicidal ideation after their sexual trauma. Frances was hospitalized for psychiatric treatment several times in her early twenties. Bernadette was not able to reach out for support at that time, but her infant daughter motivated her to keep going.

Many of the participants shared that once they did decide to address the impact of their trauma and seek professional help, they often felt overwhelmed by the feelings that were surfacing. Their emotions were dysregulated and unpredictable. They had suppressed and repressed their emotions for a long time, pretending that they were okay. Helena and Erika felt so overwhelmed by their emotions at times that they utilized the rape crisis center hotline for support between their therapy sessions. They both shared that it took roughly one year before their mood stabilized.

Participants also reported behavioral problems after traumatic events. As a child and teenager, Bernadette became angry and aggressive. She often got into verbal arguments and physical fights with peers, which resulted in being placed in a juvenile detention center for a year. Bernadette also described herself as “the fast girl, always hanging out with the boys.” Aggression, sexual promiscuity, and substance abuse were ways for her to try to feel more in control of her body. Natalie and Cate also described sexually promiscuous behavior after their assaults for that same reason, to try to take back their control. Natalie’s body image and unhealthy eating and exercise patterns were significantly exacerbated by her sexual assault. She was uncomfortable in her own body and felt threatened by attention from men. This created inner turmoil that took years to fully address. Frances described herself as a “workaholic.” She realized that putting so much energy into her work helped curb symptoms of anxiety and depression. When she

retired, her anxiety increased significantly, leading her to finally process the impact of her trauma in therapy.

Diane, Bernadette, Camilla, and Natalie still experience symptoms of hypervigilance that make them feel uncomfortable at times when in public and even in their own homes. Diane needs to face an exit door. Bernadette feels anxious in large crowds. Diane and Bernadette both feel startled and uncomfortable if someone touches them unexpectedly. Camilla was raped by a neighbor who broke into her home in the middle of the night while she was sleeping. Understandably, she feels unsafe in her home at times and can be emotionally triggered by her surroundings. She has experienced sleep difficulties and gone through periods of isolating herself from others. At first, Camilla chose to stay in her home out of her “own stubbornness.” She did not want to move from her home when she had not done anything wrong. She also had financial considerations. Camilla has now decided to move because she feels her home is an uncomfortable environment for her. She would like a more secure apartment, which will likely cost twice as much as she is currently paying in rent.

It has been decades since Natalie’s assault, and she still feels the need to check locks on doors and windows each night, sometimes multiple times. She has refused first floor dwellings because that would feel unsafe. Natalie feels anxious and fearful of being assaulted again when she is out in public alone, in a store parking lot or in a park. There was a time when her hypervigilance kept her from leaving her house at night or going to social events. She is now better able to manage her emotions and her fears do not keep her from living her daily life.

The participants reported significant improvements in their mood, decreased psychological symptoms, and improvements in their behaviors after years of slowly processing their trauma, experiencing its impact, and receiving support in various ways. Tedeschi and Calhoun (1995) found that cognitive processing, including deliberate rumination about traumatic events, were associated with PTG. These survivors developed self-awareness about how their abuse affected them and took steps to empower themselves and create positive changes in their lives.

They expressed feelings of happiness, strength, clarity, gratitude, empathy, acceptance, and forgiveness. They were hopeful about continuing to grow and thrive. Erika, Helena, Bernadette, and Natalie reported significant improvements in their moods, particularly that their mood was stable and manageable. Frances and Diane expressed feelings of contentment as they continue to heal and grow. Frances' symptoms of Bipolar Disorder are well-managed, and her PTSD symptoms subsided after trauma-focused individual and group therapy. Camilla's anxiety and depression have decreased, and she feels more like herself again. She enjoys her job and has been socializing more with friends and co-workers.

Bernadette and Helena no longer rely on alcohol or other substances to manage their feelings. Promiscuity has not been part of Bernadette's or Natalie's lives since they were teenagers. They quickly realized that these behaviors ultimately made them feel worse and put them in potentially dangerous situations. Natalie feels comfortable in her body and has maintained healthy patterns of eating and exercise for over 20 years. Frances has found balance in her schedule. She devotes time to her volunteer work as well as time to relax and enjoy herself. She no longer feels paralyzed by anxiety.

These findings offer evidence to support the PTG domains of perceptions of self, strength, appreciation of life, and changes in spiritual or personal beliefs and attitudes. Participants experienced positive changes in how they perceived themselves and personal philosophies about life. They were able to recognize their strengths and use that strength to persevere in their healing processes. Their past traumas ultimately gave them a deeper appreciation for their lives and for themselves.

Changes in Self-Concept

The survivors interviewed shared that their trauma damaged their self-concept. Frances described feeling “damaged” and “dead inside” for years after her sexual assaults. Helena and Erika described feeling “broken.” Participants reported significantly reduced self-esteem and self-confidence after being sexually assaulted. They felt shame and guilt about being sexually abused and blamed themselves for what happened. These feelings affected how they perceived themselves and how they interacted with others.

Erika, Frances, Helena, and Natalie reflected on their low self-esteem prior to being assaulted. The abuse made them feel much worse about themselves. Bernadette and Diane described how their self-confidence deteriorated during their abuse. Cate felt confident in certain areas of her life, like school and work. However, she lacked confidence with relationships, particularly in her relationships with men.

Several participants shared that they had a poor sense of identity. Diane became numb to her feelings during her 25-year abusive marriage. She became disconnected from herself and others. She feels more like herself now, but she would like to make much more progress in this area. Erika described how her need to please others and

“mask” her true self led her to feel as though she did not know herself. She dedicated a full year of her recovery to reconnecting with herself and nurturing herself.

The participants reported that they have developed a stronger sense of identity and increased self-esteem and self-confidence through their healing processes. They have learned about themselves as they engaged in self-reflection and processed their thoughts and feelings in therapy. These reports are in line with Calhoun and Tedeschi’s (2006) research regarding PTG which proposes that rumination can be a helpful cognitive process for trauma survivors. Their definition of rumination includes reflection, reminiscing, and problem-solving that can lead to PTG. Helena describes her healing process as a “transformation,” and she now feels “strong,” “confident,” and “beautiful.” Helena described feeling like a new person, “I just changed my life. It was a huge turnaround.” Erika shared that she now feels “whole” as a person. Erika shared, “The first year was really very new. It was like I was living in a whole new life that I didn’t know possible, but it’s been 5 years and I’ll say this, the last year I’ve been definitely thriving.”

There was a time when many of the participants felt so confused and scared that they were not able to speak up for themselves. Bernadette, Camilla, Cate, and Erika now use their voices to fight for themselves and for other sexual assault survivors through advocacy efforts, community service, and social media. They have learned to trust themselves again, and in doing so, they have been able to open up and trust others more. Prior to their trauma and healing, these participants could not have predicted that they would find purpose by serving in these roles. These findings are reflective of the PTG domains of perception of self, strength, and new possibilities. According to Calhoun and Tedeschi (2006), traumatic experiences can lead to consideration of new possibilities in a

person's life, such as new interests, passions, or careers that are directly linked to their trauma.

Changes in Relationships

Relationship difficulties were a common theme among the survivors. Participants involved in this study were assaulted by people that they knew, a family member, a partner, or a friend. This led to issues with trust, intimacy, relationship boundaries, family discord, and unhealthy relationship patterns. An assumption of social constructivism is that knowledge is learned or co-constructed in relation to others. Social interaction must occur for knowledge to take hold (Vygotsky, 1978). Relating to others is a domain of the PTG Model (Tedeschi & Calhoun, 1996; Calhoun & Tedeschi, 2004). Social interaction and relationships throughout participants' lives shaped their life narratives. Their trauma distorted what they knew about themselves and others, forcing them to learn a new reality and create different narratives.

Several of the participants shared how childhood experiences and relationships with parents contributed to insecurities about themselves and poor relationship boundaries. Frances expressed that she felt ill-prepared to live more independently at college. Because of her father's physical abuse of her brothers, Frances stated that she learned that she could not say no or she might get hurt. She shared that she was raised with traditional gender roles in her home, learning that men were dominant heads of the household and women should serve more subservient, domestic roles. The social construct of traditional female gender roles was a factor in how many of the survivors perceived themselves as disempowered and not worthy of consideration, and their perpetrators as dominant before, during, and after their trauma.

Frances and Cate believed that they had to be fiercely independent because they did not feel comfortable trusting and relying on anyone else. Cate's father left her mother when she was a child, which influenced her perception of men and marriage in general. When she was raped by a college boyfriend, this solidified her beliefs that men hurt you and cannot be trusted or relied upon. She distanced herself from men and from many of her friends. She did not allow herself to fully engage with people and develop deep connections. She had difficulty with emotional intimacy and sexual intimacy at times.

Many of the participants reported intimacy problems after being assaulted. Cate, Diane, Bernadette, and Frances reported issues with emotional intimacy and most of the participants reported sexual intimacy problems as well. Diane maintained many friendships throughout her life but does not feel as connected to people as she would like. Bernadette had few friendships throughout much of her life. Helena shared that being intimate with a partner often lead to intrusive thoughts about her trauma. Since emotional and physical intimacy plays a major role in romantic relationships, it can be challenging for survivors to manage these issues with a partner. Natalie shared that it took time, patience, and understanding to work through that with her husband.

Bernadette was abused by her brother whom she described as both her "abuser" and her "protector." He protected her from other people while he was harming her himself. From a social constructivist perspective, young Bernadette learned through her family interactions that the people you love can hurt you and that she could not trust those who were closest to her (Vygotsky, 1978; Creswell, 2013) As a child and adolescent, she used her anger and aggression to protect herself and keep people from getting too close to her. In her adult relationships, she had significant difficulty trusting

people. This led to having few friendships and affected her parenting and how she engaged in her two marriages.

Both Helena and Erika had come from families with patterns of dysfunctional relationships. Their social constructs of relationships were shaped by their family interactions and what they observed at a young age. Erika and Natalie described having unhealthy relationship boundaries and making poor choices about who they allowed into their lives as friends or intimate partners. Helena and Erika shared that they each had too much trust in people or not enough. Both women experienced domestic violence in several relationships. They felt empowered when they became aware of the unhealthy relationship patterns they had developed in their own lives and broke those cycles for themselves and the families they created.

The following are examples of PTG in relating to others. Participants described significant improvements in how they related to others in their families, romantic relationships, friendships, and professional relationships. Many of them learned how to create healthier relationship boundaries with family, friends, and partners. Erika has been able to resolve conflict with her mother, father, and a father figure she had when she was younger. As her perceptions of herself and her trauma changed, she made different choices about who she allowed into her life. Erika and Helena were both able to stop the unhealthy patterns of abusive relationships that they had learned from the dysfunctional relationships in their families of origin. The social constructs of relationships that were co-created with their families changed through interactions in therapy, support groups, and new relationships.

Cate learned to trust herself and become more open and vulnerable in relationships. Her relationship with her father has improved as she has developed acceptance and forgiveness. She is now in a loving marriage that feels like an equal partnership. She addresses relationship concerns with her partner as they arise. Bernadette has developed appreciation for friendships as she recognizes the importance of having that kind of support. Six of the eight participants reported that they are currently dating or in healthy, long-term relationships. Frances and Camilla are considering dating but are not ready to at this point. Their willingness to trust and be vulnerable after being victimized by another person speaks to significant changes in how they relate to others. The ability to develop and maintain healthier relationships and deeper, more satisfying relationships with partners, family, and friends demonstrates PTG.

Changes in Spiritual Beliefs and Attitudes about Life

As participants shared their stories, it seemed that spiritual beliefs and attitudes about life were intertwined. Respect and space were given during the interview process for each participant to express their unique perspectives regarding spirituality, religiosity, or personal beliefs and values. They shared their experiences of spirituality throughout their lives. Many of the survivors questioned God and their faith after their sexual abuse. Through deliberate reflection, cognitive processing, therapy, and life experiences, the participants' sense of spirituality and general attitudes about life and the world around them evolved. Some of the narratives reflected stronger spirituality and faith and less religiosity. Participants developed their own beliefs and values and relationships with their Higher Power.

Most of the participants were raised in specific religious faith, with the exception of Frances. Frances found her sense of spirituality later in life through yoga and meditation, which had a very powerful impact on her healing and growth. Many shared that their religious upbringing gave them a foundation of faith that was helpful with overcoming challenges and with developing strong morals and values.

Several of the participants reported that their sexual assaults initially challenged their faith and went through periods of being angry at God and questioning why such terrible things happened to them and other people. Natalie and Cate shared that their spiritual explorations as young adults were also part of their overall development. Bernadette, Natalie, and Cate questioned God even further when they began working in the field of helping sexual abuse victims.

As survivors of sexual trauma, the participants experienced judgement or victim-blaming directly from people in their lives or indirectly through interactions influenced by socially constructed perceptions of victims. As Camilla discussed, society tends to victim-blame, particularly among traditionally marginalized groups like Latinas, African Americans, or members of the LGBTQIA+ community. The participants expressed little tolerance for judgment, disrespect, or exclusion of others. Unfortunately, several participants experienced intolerance in churches, which has led them to change churches multiple times to find what feels like a good fit for them. For Diane, her Jewish temple has been much more about a sense of community than about the religion itself. The participants seemed to strive for that sense of community among like-minded people that nurtured their sense of spirituality and grounded them in their beliefs and values.

While Bernadette was experiencing childhood sexual abuse by her brother, her mother was battling a terminal illness that eventually ended her life. Bernadette experienced complex trauma, multiple incidents of childhood trauma and loss over a period of years during her childhood. At that time, Bernadette shared that any problems in her family were minimized because her mother was dying. So, the narrative that Bernadette created as a child was, in essence, “I’m not dying. So, my problems are not important.” As an adult with children of her own, the loss of her mother and surviving her sexual abuse have given her a strong sense of appreciation for her life. She “loves life” now. She has found comfort in the Serenity Prayer, which helps her to maintain a sense of acceptance and let go of what she cannot control. She has forgiven herself for how she initially responded to her trauma.

Helena no longer participates in Catholic church services but feels a stronger connection to her Higher Power after going through her healing process. Natalie and Cate shared that they have a deeper sense of spirituality and connection to the universe. They both shared that they have faith that things happen for a reason and that the universe will always give them what they need. They, too, have developed feelings of acceptance and forgiveness. Practicing gratitude plays a major role in their lives.

The participants demonstrated PTG through the evolution of their spiritual beliefs. How they view themselves, the world, and their trauma has changed as they put forth effort to process thoughts and feelings. They have persevered, still working on continued growth and healing. The participants are hopeful about the direction of their lives and want other survivors to know that healing is possible.

Pivotal Moments

The data provides evidence of PTG among the participants in the domains of perception of self, inner strength, openness to new possibilities, relating to others, appreciation of life, and spiritual changes. The PTG Model assumes that cognitively processing one's trauma over a period of time can lead to personal growth beyond where they were before the trauma happened. (Calhoun & Tedeschi, 2006). This is the key difference suggested by Tedeschi and Calhoun (2004), between resilience and PTG. According to these researchers, resilience is a personal quality or ability to return to functioning as one was prior to adversity. PTG is a transformative process in which the individual grows beyond where they were. In a qualitative narrative study of PTG among survivors of various types of trauma, Rosenfeld (2008) reported that participants either indicated that transformative change occurred over time for some and suddenly for others. Based upon the assumptions of the PTG Model and current findings, when pivotal moments occurred suddenly, participants needed time to further process what came into their awareness in order to experience PTG.

The participants in this study deliberately reflected on their trauma and processed their thoughts and feelings over years, often times through their own self-reflection and sometimes with guidance from a therapist or support group. Interestingly, each participant shared at least one pivotal moment in their paths to healing of heightened self-awareness about their abuse. Sometimes this moment led them to seek professional support right away. Other participants reflected on these crucial moments for years before deciding to confront the impact of their traumas and create positive life changes.

Cate and Natalie experienced turning points while in relationships with ex-boyfriends. Cate was supported by a boyfriend who was able to truly listen and empathize with her as she told him about her rape. For Natalie, she experienced a panic attack while being intimate with a boyfriend. Her reaction was very startling and confusing for her. She began to experience flashbacks of her sexual assault, which helped her to begin to realize its impact on her.

Erika experienced a pivotal moment after sharing an incident of domestic violence with an old friend. Once she opened up about this incident, she shared more about her history of abusive relationships, realizing that she was a victim of rape and domestic violence. She ended her relationship, scheduled counseling, and joined a support group in the weeks following the pivotal moment. For Helena, being raped by a friend was the pivotal moment that led her to begin creating positive changes in her life. After a year of engaging in counseling and support groups, Helena confronted her rapist and forgave him for what he did to her. She perceived this experience as a strong indicator of healing and personal growth. Bernadette's pivotal moment was the birth of her first daughter. Diane felt the need to protect herself from escalating domestic violence so that she could be present for her daughters. Frances "walked around feeling dead inside" for years. She began practicing yoga, meditation, and good nutrition. One day, she was walking down the street and realized that she felt alive again.

For these participants, the pivotal moments they experienced were the start of new narratives about their sexual trauma. Increased self-awareness was a key factor in these pivotal moments, which created a shift in cognitive processing that contributed to PTG.

Coping and Healing

Particularly during the earlier stages of healing after trauma, these survivors reported becoming engaged in unhealthy coping mechanisms, such as substance use, people-pleasing, dissociation, verbal and physical aggression, poor eating habits, over-exercising, social isolation, sexual promiscuity, and working excessively. These coping mechanisms were a way to numb feelings, attempt to regain a sense of control, and protect themselves from being hurt again. Therapy and support groups played a significant role in teaching survivors about typical trauma responses and healthy ways to deal with their distress. The peer and professional support as well as support from friends and family gave the survivors opportunities for reparative interactions that helped them create new social constructs and narratives about what it meant to them to be a sexual trauma survivor.

All participants in this study engaged in counseling at several points in time. Five of the eight women attended individual and group therapy and were involved in support groups. Three of the eight participants were employed at the rape crisis center, two were counselors and one was an advocate and administrator. These three employees were involved in receiving and providing training and education to mental health providers, law enforcement, and community members regarding sexual trauma. The participants shared that their level of distress is less intense and much more manageable now, at the time of the study. Some of the healthy coping skills that participants found helpful were deep breathing exercises, meditation, visualization, exercise, yoga, reading, painting, listening to music, spending time in nature or with family and friends. Many of the participants still participate in support groups and/or counseling when they feel it is

needed. Helping other survivors through support groups, volunteering, or advocacy efforts has also been helpful to their healing and growth. They have developed strong self-care regimens and support systems. They have learned to prioritize their overall health and well-being.

In Rosenfeld's (2008) narrative study of PTG among trauma survivors, additional themes emerged, including effortful coping, wisdom, and narrative coherence. Effortful coping was described as a positive coping method that occurs with intention by trauma survivors with a strong desire to work through their emotional struggles. The current findings demonstrated the concept of effortful coping among the participants. All of the participants emphasized the challenging "work" that was necessary to move through their healing and achieve personal growth. This "work" included what Tedeschi and Calhoun (2004) would call deliberate rumination and cognitive restructuring within themselves and through interactions in counseling, support groups, and relationships.

Each survivor who participated in this study reported experiencing healing. They were able to articulate indicators that healing had taken place. Part of the healing transformation they described was acknowledging and processing their thoughts and feelings, developing self-awareness, and co-creating a positive, empowered narrative of their traumas. Frances and Diane now feel more connected to themselves and experience decreased symptoms of anxiety and depression. Erika knew that healing had taken place as she "rediscovered" herself and realized her emotions became more balanced and regulated. Helena also experienced emotional regulation. Helena, Natalie, Bernadette, and Cate reported increased self-confidence and self-esteem. Camilla described that

many of her life experiences prior to her rape prepared her to fight for herself and heal. She expressed discovering a level of “fortitude” that she had not realized she had.

Rosenfeld’s (2008) theme of wisdom seems in line with what participants of the current study shared. Wisdom was developed through their cognitive processes and life experiences. A key aspect of the wisdom they demonstrated was self-awareness. With time, effort, and support, the survivors learned much about themselves. They are also using their knowledge and experience to support other sexual trauma survivors and to educate their communities about sexual abuse.

Meaning Making

The narratives described how participants viewed their lives prior to their trauma, their experience of the traumatic events, and how they made meaning of those events over time. The meaning made during and immediately following their sexual trauma was quite different than how they perceive their traumas today. The findings demonstrated transformation, healing, and personal growth by the study participants. According to Tedeschi and Calhoun (2006), the cognitive processes that occur over time through the healing process can facilitate PTG. The data in this narrative study revealed the transformative processes of how each participant made meaning of their sexual trauma. An overarching theme in their stories was their motivation to be their best selves and create as many positives as possible from their tragedies.

Based upon the data, being a sexual assault survivor is a complex experience that means many things. It means experiencing sexual trauma that can lead to disturbances in one’s emotional state, psychological well-being, self-concept, relationships, and spiritual and personal beliefs. The impact was felt by participants with multiple traumatic events

in their histories and those who experienced isolated events of sexual trauma. The participants experienced significant emotional distress and some suffered from psychological disorders. Experiencing sexual trauma shattered how they viewed themselves and the world around them. It shook their spiritual faith and their beliefs about human nature.

Gradually, though, survivors can find their own meaning and understanding about what happened. With time as their healing progressed, the participants in this study felt happier and more emotionally stable than they did following their sexual trauma. They felt more whole as people with strength and fortitude that they never realized they had. Several broke cycles of domestic violence and abuse in their families. Being a survivor can mean healthier, more satisfying relationships. The participants became clearer about their values and beliefs and developed a stronger sense of spiritual connection. They very firmly believed that healing is possible. Although, a few of them questioned whether they had experienced PTG, growing beyond where they were before the trauma happened. Sometimes, being a sexual trauma survivor may mean being stuck in emotional pain or continuing to strive for healing and growth.

Being a sexual trauma survivor can mean having moments of awakening and self-discovery. All of these participants were committed to their growth and healing. Sometimes they felt it unfair that they had to experience such pain and put so much time and effort into recovering. However, over time they developed acceptance and even gratitude for learning what they are truly capable of and for the opportunity to help others, including their own families and other survivors. Being a sexual trauma survivor

can mean feeling strong, self-aware, and empowered. The survivors also shared a general awareness of injustices in the world and empathy for the pain of others.

While each survivor has their own unique trauma and path to healing, common themes emerged in this study that are in line with Calhoun and Tedeschi's (2006) PTG Model and Rosenfeld's (2008) findings in a qualitative narrative study of PTG among survivors of various types of trauma. The interview data reflects the participants' perceptions of their trauma and healing. Each survivor co-created their own narrative and evolution as they moved through their healing processes. The term co-created is in reference to the lens of social constructivism, which proposes that subjective experience is formed through interactions with others and influenced by historical and cultural norms (Vygotsky, 1978; Creswell, 2013). These stories were co-created through interactions between the survivors, their perpetrators, family, friends, therapists, other survivors, and others within a socio-cultural context, across time. The narratives shared by the participants illustrated how they made meaning of their sexual trauma.

An additional theme that emerged in Rosenfeld's (2008) study was narrative coherence. Through deliberate self-reflection and cognitively processing their trauma, participants in Rosenfeld's (2008) study demonstrated transformation and PTG in life narratives that cohesively integrated affect and cognition before and after trauma. Often times trauma survivors experience a disconnect between their lives before trauma and after, perceiving them as separate. Considering past research and the current findings, a sign of the cognitive processing necessary for PTG is the ability of survivors to integrate the before, during, and after of their stories. A key finding in this study was that participants reported experiencing pivotal moments that led to increased self-awareness

about their trauma. These moments may have contributed to their gradual development of coherent narratives and PTG.

Conclusion

The purpose of this qualitative narrative study was to explore the lived experiences of adult sexual assault survivors. The central research question was, “What does it mean to be a sexual assault survivor?” Tedeschi and Calhoun’s (2004) PTG Model provided a theoretical framework. The domains of this model include perception of self, strength, new possibilities, relating to others, appreciation of life, and spiritual change. Data was interpreted through a social constructivist lens with the assumption that knowledge occurs in relation to others.

Eight participants were recruited through a rape crisis center. Five of the participants were former clients of the center and three were employees. The participants were adults with a history of being sexually assaulted and who had completed therapy or were employees or volunteers. The participants engaged in individual 60-80 semi-structured interviews. The interviews were transcribed and analyzed with three cycles of coding, Descriptive Coding, Emotion Coding, and Structural Coding. Retelling or restorying was also used to organize the data by time, introduce readers to the participants, and co-create a narrative from the interview exchange.

Data provided evidence to support the domains of Calhoun and Tedeschi’s (2006) PTG Model. Emerging themes included mood and psychological symptoms, self-concept, relationships, spiritual beliefs and attitudes about life, coping and healing, and pivotal moments. Narratives shared by the participants described how they made meaning of their trauma throughout their healing processes. Data was consistent with Rosenfeld’s

(2008) examination of PTG that identified additional themes of effortful coping, wisdom, and narrative coherence.

The participants were eager to participate in this study. They demonstrated strength, perseverance, and hope. They were passionate about helping other sexual trauma survivors and contributing to education, prevention, and awareness efforts. They would prefer that our society's views about sexual assault victims change, as they felt blamed and judged as victims. This was damaging to them and contributed to their emotional pain, relationship difficulties, and distorted, negative perceptions of themselves. Their message to mental health providers is that each survivor's experience of healing is unique. Each of the participants attended individual and/or group counseling and some were involved in support groups. They found it helpful when therapists met them where they were in their healing processes and wanted to convey that survivors need to be ready to process their trauma and receive support. They do not believe that all survivors of trauma need therapy to heal and grow. They expressed that they want other survivors to know that healing is possible with hard work and support.

Limitations

There were several limitations and considerations in this research study. All of the participants had an affiliation with a rape crisis center as former clients or as employees. The survivors had all received some form of counseling, most had attended counseling at several points in their lives. Some had been involved in support groups, and the employees had extensive training and work experience in the field of sexual trauma. Therefore, these participants may have been more likely to demonstrate signs of PTG than the general population. Including participants who had not received professional

support would have been ideal to make comparisons between survivors with and without professional help who demonstrated signs of PTG. All of the participants identified as female. Therefore, other genders are not represented in these results.

Another limitation is that it was challenging to recruit participants who had shown signs of PTG. Even after briefly describing the concept of PTG in the recruitment and informed consent processes and going through the interview process, it was difficult to determine with a high degree of certainty that all participants had indeed experienced PTG. The researcher was also curious about how the information about PTG that was provided to participants influenced their responses. PTG is a subjective experience. Interestingly, several of the participants questioned whether they had experienced PTG while others seemed certain they had, based on what they learned.

More information regarding the types of therapy received by the participants would have been helpful, particularly to inform health treatment. This may have been difficult to obtain from those participants who were former therapy clients. However, the counselors who were interviewed might have offered more detailed information about the types of therapy they had received had they been asked.

Future Directions

Since Tedeschi and Calhoun (1995; 1996; 2004) developed their theory of PTG, a growing body of research has been conducted that has provided evidence supporting PTG. However, critics of the PTG Model argue that there is not enough evidence to show that PTG is a genuine experience. There are doubts about whether trauma survivors are truly “better” or if they perceive these improvements because that is what they want to believe (Engelhard, Lommen, & Sijbrandij, 2015; Frazier et al., 2009). Some researchers

have expressed concerns about how to accurately measure PTG. Continued qualitative and quantitative research is needed to further explore the experience of PTG. Focusing research on different types of traumatic experiences might also be beneficial. Another helpful exploration could involve participants who survived sexual trauma but had not attended counseling or support groups.

Another consideration is how other life experiences and general stages of human development play a role in PTG. The aftermath of trauma can be felt differently at various life stages. For instance, participants who survived childhood sexual abuse were emotionally triggered at later stages of their lives such as when they decided to marry or as their children approached the age that they were when abused. Those who were sexually assaulted as adults had difficulty being vulnerable and intimate when dating and in relationships. Based upon past research and the current study, it seems that support and positive life experiences through different life stages may contribute to developing PTG. Future research might gather more data regarding developmental factors as they relate to the impact of trauma at the time of the event and at different life stages. For example, researchers might explore PTG among survivors of childhood sexual abuse and those who experienced sexual trauma as adults. Another interesting query would be evaluating PTG and pivotal moments at different life stages such as early and mid-adulthood, parenting years, or in retirement.

This study offered a rich depth of information about the individuals' experiences of healing from sexual trauma. Further research might gather both qualitative data and quantitative data through interviewing participants and asking them to complete the Posttraumatic Growth Inventory (PTGI; Tedeschi & Calhoun, 1996). PTG is a

challenging concept to measure. The participants certainly seemed to experience aspects of PTG, but perhaps to varying degrees for some. A mixed methods study of PTG would likely offer valuable information regarding this concept.

The participants responses indicated that the therapeutic relationship was particularly helpful with building trust in themselves and others through psychoeducation, modeling healthy relationship boundaries, and supporting them with processing thoughts and feelings. All of the participants were sexually violated by people they knew, including family members, partners, friends, and acquaintances. The participants perceived their perpetrators as people they could trust more than most others. Having their trust betrayed in such a devastating and painful way altered their perception of relationships and intimacy. The survivors demonstrated a tendency to feel shame, guilt, and self-blame after being assaulted.

Generally, therapists are tasked with building rapport with clients, developing trust, and creating a strong therapeutic alliance. With sexual assault survivors, this may be more challenging and especially important to create therapeutic change and facilitate PTG. The participants were aware of my past training and position as a therapist at the rape crisis center, which seemed to give me credibility from their perspective. Because they knew that I had specialized training and experience in sexual trauma treatment and I had been affiliated with a place where they felt safe, they seemed more comfortable and trusting of me. Most of the participants shared that they thought it was important for clinicians who work with sexual trauma survivors to have specialized training and experience in this area. This would likely contribute to building trust within the therapeutic relationship. Mental health providers might educate their clients about the

impact of trauma on self-concept and relationships and explore what individual clients may need to develop trust in them. This type of exploration may help to increase clients' self-awareness and foster a sense of empowerment. Providing a comfortable, safe, nonjudgmental space and demonstrating consistency and reliability within the therapeutic alliance may help strengthen trust in clients with sexual trauma histories and contribute to growth and healing.

The findings of this study support the existing body of evidence in the field of counseling and psychology, that a strong therapeutic relationship is crucial to promote healing and growth. Duncan, Miller, Hubble, and Wampold (2010) present their “big four” common factors of therapeutic change, including client/extra-therapeutic factors, relationship factors, placebo, hope, and expectancy factors, and model/technique factors. They propose that the therapeutic alliance or relationship accounts for 30% of client change, placebo, hope, and expectancy account for 15% of change, and model/technique factors account for 15% of change. Future research involving the influence of counseling on PTG with a focus on these common therapeutic factors would be a worthwhile exploration to inform the clinical practice.

Past and current findings highlight the power of therapists instilling hope in clients that they are capable of healing and creating positive changes in their lives. Participants emphasized how important developing hope was in their treatment and throughout their healing journeys. The primary message that all participants wanted to share with other survivors was that healing is possible with hard work and support. The data indicates the importance of a strong therapeutic alliance and instillation of hope when working with sexual trauma survivors.

There are a number of therapeutic approaches grounded in cognitive behavioral theory and techniques that have been used to treat trauma survivors. Calhoun and Tedeschi (2013) encouraged the use of existential, narrative, and cognitive approaches to foster PTG. Moore and Tedeschi (2016) have developed a workbook for trauma survivors with exercises that can facilitate PTG. All of the participants expressed appreciation for the opportunity to speak about their trauma and share their stories in a unique interview format. Discussing trauma with a supportive person can facilitate cognitive restructuring and PTG (Calhoun & Tedeschi, 2013). Narrative therapy interventions that facilitate cognitive processing and reframing may be helpful with treating sexual assault survivors. For example, clinicians might support clients with writing their trauma narratives, processing thoughts and feelings that surface in multiple counseling sessions, exploring their experience of PTG domains, and then re-writing their trauma narratives. Such interventions may help survivors to increase self-awareness about the impact of sexual trauma and engage in cognitive restructuring that can positively change the stories survivors tell themselves about their trauma. Learning more about how these and other therapeutic approaches might foster PTG in trauma survivors would be beneficial.

The study offers helpful information to the mental health field regarding the impact of sexual trauma. The findings support the PTG Model (Calhoun & Tedeschi, 2006). The results suggest that addressing the domains of PTG through therapeutic interventions might facilitate PTG among sexual trauma survivors.

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APPENDIX A

RECRUITMENT FLYER

RESEARCH PARTICIPANTS NEEDED

SHARE YOUR STORY OF HEALING AND PERSONAL GROWTH

POST-TRAUMATIC GROWTH STUDY

We are recruiting sexual assault survivors age 18 or older to participate in a research study about post-traumatic growth. Participants will have a chance to win an Amazon Fire 8 HD Tablet valued at \$79.99. Interested? Want to learn more? **Please call Michelle Barron-Wearsch, Counseling Psychology Doctoral Student at Cleveland State University, at ***-***-****.**

APPENDIX B

RECRUITMENT SCRIPT

Script for Participant Recruitment

Good Afternoon. Thank you for having me today. My name is Michelle Barron-Wearsch. I'm a Doctoral Student in the Counseling Psychology Program at Cleveland State University. I'm here today seeking participants for a research study that I'm doing as a requirement for my degree. My research is about posttraumatic growth among adult sexual assault survivors. Posttraumatic growth is defined as a positive transformative experience among people who have been exposed to trauma that may coexist with symptoms of psychological distress. I plan to meet with participants and interview them for about 60-90 minutes. I'm interested in hearing what being a survivor of sexual assault means to them their stories of healing and personal growth.

The purpose of this study is to better understand the lived experiences of posttraumatic growth in sexual assault survivors. I'm very interested in hearing survivors' stories of healing and personal growth. My hope is that the results of my research will help mental health providers improve treatment approaches for sexual trauma survivors.

APPENDIX C
INFORMED CONSENT FORM



Informed Consent

My name is Michelle Barron-Wearsch. I am a Doctoral Student in the Counseling Psychology Program at Cleveland State University (CSU). I am doing a research study with my faculty supervisor Dr. Sarah Toman. We are asking for your participation. If you have any questions, please feel free to contact me at (***) ***-****, email: m.l.barron@csuohio.edu. You may also contact Dr. Sarah Toman at (***) ***-****, email: s.toman@csuohio.edu.

The research study is about personal growth in survivors of sexual trauma. Participants must be sexual assault survivors who are 18 years of age or older. If you decide to participate in the study, you will be asked to complete a 60-90 minute interview session. Interviews will take place at a Cleveland Rape Crisis Center (CRCC) location of your choice.

There are possible risks and benefits of participation in the study. Possible risks include sharing personal information and compromised confidentiality. Your information will be kept confidential. Only summaries of results may be published, presented, or used for instruction. No personal identifiable information will be included in such data. Another possible risk is feeling emotional discomfort while answering interview questions. You are free to skip any questions you do not want to answer. Participation is completely voluntary, and you may withdraw at any time without penalty. There are no negative consequences if you choose not to participate. If you show a high level of emotional distress during the interview, you may be asked to withdraw from the study. You may also be referred for counseling. A possible direct benefit is that each participant will have about a 1 in 8 chance of winning one Amazon Fire 8 HD Tablet valued at \$79.99 in a drawing. If you withdraw from the study, you will still be included in the drawing. There are possible indirect benefits that are not guaranteed. You may feel empowered by sharing your story and gain greater personal insight about your progress and strengths. Information from the study may help others who have been through similar trauma.

Digital audio recordings and typed records of interviews will be saved on a password-protected computer. Audio recordings will be destroyed once the information has been reviewed and analyzed. Your name will be on the informed consent form but not on any other paperwork. You will be assigned an alias first name, which will be used on all other paperwork. Study materials will be stored in a locked file cabinet in a locked office in Julka Hall at CSU (Room JH 270) by a faculty researcher for at least three years after the study is completed.

If you have any questions about your rights as a research participant you may contact the Cleveland State University Institutional Review Board at (216) 687-3630.

There are two copies of this letter. After signing them, keep one copy for your records and return the other one. Thank you in advance for your cooperation and support.

Please indicate your agreement to participate by signing below.

I am 18 years or older and have read and understood this consent form and agree to participate.

Signature: _____

Name: _____ (Please Print)

Date: _____

APPENDIX D
INTERVIEW QUESTIONS

Interview Questions
Adapted from Rosenfeld (2008)

1. How has your sexual trauma changed you? Your life?
2. What kind of meaning did this carry at the time, or near the time of its occurrence? How do you make sense of what has happened to you? Have you ever wondered/searched for explanations for why this happened?
3. Please let me know what your life/you were like before this experience. How did you feel about yourself...about the world around you?
4. How did the experience affect you? What changes do you associate with the experience? When did you first notice these changes? What changes have you noticed over time?
5. How did significant people in your life respond?
6. How do you see the transformation of the event(s) over time? Was there any particular experience that you feel contributed particularly to the transformation that you have been describing to me?
7. Do you feel you have experienced changes in your philosophy of life? What are these changes?
8. Have you experienced any spiritual changes? How would you describe these?
9. Perhaps you formed a context of meaning around the experience. How did you do this? What has helped you make sense of this experience?
10. How did you start the process of healing? How long did this healing process take? What was it like? How did you know that healing had taken place?
11. How strong are your memories of the experience(s)? Do you still experience some negative or challenging aspects of the experience? If so, please describe.
12. Describe how you see yourself now. How do you see yourself in the world? How do you feel about yourself, your direction, and your sense of purpose?

13. How are you different now than you were before? How are your relationships now? Have they changed?
14. What would you say to someone else who is going through a difficult experience such as the one that you had?
15. What would you like to say to rest of the world about yourself and your experience(s)? What would you say to mental health professionals? To your family members or friends?
16. Have you shared all that is significant with reference to the experience(s) and its aftermath?
17. Is there anything else you would like to add?