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A Grounded Theory Pilot Study Exploring the Female Process of Becoming a Survivor after Experiencing Sexual Assault

Angela Catena

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A Grounded Theory Pilot Study Exploring the Female Process of
Becoming a Survivor after Experiencing Sexual Assault

By

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DISSERTATION

Submitted in Partial Fulfillment of the
Requirements for the Degree of

Doctor of Philosophy

Counselor Education

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Albuquerque, New Mexico

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Dedication

This past year has proven to be challenging in ways that extend far beyond academics. Through these turbulent times my dedication and persistence exemplified the values instilled me in by some of the most influential people in my life. It is because of them I will carry these values and work ethic with me in everything I do. To my grandfather who left us far too soon, this work of art is for you. Thank you, Grandpa, for always motivating me to be a better person and for believing in me. The endless love and comfort I found in you throughout the years influenced the woman I am today. I will always love you and I hope I was able to make you proud.

To my incredible participants, thank you for trusting me with their stories and allowing me to be a part of your journeys. I am truly inspired by the strength and courage of each one of you. You all embody the very definition and spirit of a survivor. And to every woman who has endured any form of abuse, may you find strength and sunshine through the stormy weather.

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ABSTRACT

This pilot study utilized constructivist grounded theory to explore the process of identifying as a survivor among women who have been sexually assaulted. An overwhelming majority of research available on survivors of traumatic events, such as sexual assault, focus primarily on the psychological, and sometimes physical, reactions. The literature fails to investigate personal influences, experiences, and processes on a more individual level; rather it discusses symptomology and treatment modalities used to alleviate symptoms related to various clinical diagnoses. Seven women were interviewed twice exploring their specific journey and processes to identifying as a survivor after victimization. Six theoretical phases emerged from the data: identification, conceptualization of the assault, barriers, coping mechanisms, disclosure and community, and altruism. These categories, conditions, strategies, and consequences explicated the process that emerged from the data collected. These findings may influence future research as well as clinical approaches by incorporating various aspects such as partnership and intimacy and reconstructing meaning. Lastly, implications for counselor education are suggested in an effort to better equip counselors in training with the appropriate tools to effectively work with victims of sexual violence.

Keywords: sexual assault survivor, trauma, healing, female survivors

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CHAPTER ONE: INTRODUCTION

Sexual assault is both a prevalent and pervasive act of violence against another individual (CDC, 2014) and has been described as reaching epidemic proportions (Russell & Bolen, 2000). Although sexual assault was identified as rampant 16 years ago, it has recently become a national, and internal, topic of discussion. In recent years we have even seen sexual assault being addressed within the White House. The definition of sexual assault is not a universal term; but rather varies from state to state within the United States. For the purpose of this study sexual assault is defined by Lawson (2013) as,

Sexual assault refers to unwanted or forced sexual relations (e.g., intercourse, oral sex, or anal sex), including attempted sexual assault, by force or threat of force independent of sexual orientation. It includes unwanted sexual contact, such as fondling or other types of sexual touching (p. 166).

Sexual assault has been described as both a social justice and human rights problem violating a number of international human rights standards (Fernandez, 2011). This is a crime that plagues individuals regardless of one's social positioning (i.e., age, race, status, affectual orientation, etc.), directly and indirectly. According to Beebe, Gullledge, Lee, and Replogle (1994), sexual assault is one of the fastest growing crimes in the United States, with an increase of 17% of violent crimes between 2010 and in the United States (Truman & Planty, 2012). In 2007, over 90,000 completed or attempted rapes were reported in the United States alone (FBI, 2008).

Sexual violence has been identified as the most gender-dependent form of trauma (Cortina & Pimlott-Kubiak, 2006), placing women at greater risks for victimization

within her lifetime. Additionally, the feminist theory of rape postulates women's increased risk for sexual assault is a direct result of gender inequalities and existing power structures that oppress women (Brownmiller, 1975). A study conducted by the Center for Disease Control and Prevention (CDC) in 2014 found that 19.3% of women, or approximately 23 million women, in the United States had been raped during her lifetime. If one expands the scope internationally, it is estimated that one in three women worldwide will be sexually assaulted during her lifetime (George Mason, 2005). Although these numbers are staggering, it is worth acknowledging that sexual assault, particularly rape, exists as one of the most underreported crimes (Lawson, 2013). Due to high prevalence rates and the pervasive nature of sexual assault, it can be said that most people will be affected by sexual violence, either directly or indirectly, at some point in their lives.

A study completed by Beebe et al. (1994) explored the prevalence of sexual assault and rape among adult female patients within two family medicine residency-training clinics. Of the 188 women who completed the survey, 28.7% reported experiencing some form of sexual assault. Fifteen percent of patients reported being a victim of rape, with 41.4% of those women reporting being raped more than once. Of the patients that reported having been raped, 18.2% sought medical attention and 21% reported seeking counseling services. As is consistent with the available literature, this study suggests a small proportion of victims seek out and utilize services. Gaining a better understanding of these experiences immediately following an assault may help medical and mental health providers offer more effective and sensitive services to victims.

A plethora of factors exist that may hinder one's ability to better understand the ways in which a victim experiences sexual assault. Greenfeld (1997) found that 77% of attempted or completed rapes are committed by an acquaintance of the victim. Although these numbers are astounding, it is important to acknowledge these statistics may not represent the picture in its entirety (Fernandez, 2011). Potential barriers influencing a victim's willingness to disclose an assault may be, but are not limited to, stigma, guilt, intrusive questions and/or accusations, fear of revenge, confusion, and denial. Being assaulted by someone known to the survivor may make it difficult to disclose the abuse, therefore providing an open and safe space for individuals to process their trauma may facilitate a cathartic experience.

Statement of the Problem

Barriers to disclosure hardly begin to reveal the effects of sexual assault. Common symptoms and effects associated with traumatic events are well documented. Symptoms experienced by individuals who have been sexually assaulted are oftentimes associated with Posttraumatic Stress Disorder (PTSD; Smith & Kelly, 2001). Diagnostic and clinical manuals are available to address presenting symptoms within a clinical mental health setting. While symptoms may be addressed, with the end-goal of alleviating symptoms, the personal and subjective factors related to a sexual assault are oftentimes overlooked, or broadly grouped together (Hall, 2011). Specific influences that contribute to the healing process of an individual have not been widely explored.

Available research focusing on the individual factors influencing one's ability to identify as a survivor after being sexual assault is limited. What is available is placed under the broad umbrella terms of resiliency and coping skills (Anderson & Hiersteiner,

2008; Bonanno, 2013; Smith & Kelly, 2001; Walsh, Blaustein, Knight, Spinazzola, & van der Kolk, 2007; Zraly & Nyirazinyoye, 2010). A majority of the literature has addressed the psychological and physical harm caused by sexual violence (Ahrens & Aldana, 2012; Cortina & Pimlott-Kubiak, 2006; Mahoney & Williams, 1998). Minimal research addresses the factors contributing to personal characteristics, support systems external, and other factors that may contribute one's process of healing. Even less attention has been given to the experiences that facilitate a sense of moving forward and identifying as a survivor after enduring such a traumatic event.

My interests in exploring specific personal experiences with sexual assault have been ignited by both personal and professional interactions with survivors, as well as my continued research and implementation of a gendered violence prevention program within a large university setting. Addressing violence from primary, secondary, and tertiary prevention methods cultivated a disheartening introduction into the bleak reality that is prevention and advocacy work. I believe that understanding basic human experiences and processes related to sexual assault and recovery can greatly influence the ways in which clinicians conceptualize sexual assault and address the needs of their clients. Additionally, counselor education standards can better prepare clinicians to work with those affected by sexual violence by creating more comprehensive and trauma-informed curricula.

Purpose of the Study

The purpose of this pilot study was to explore, and understand, the process of identifying as a survivor among women who have been sexually assaulted. Throughout this study a survivor will be defined as someone who has experienced sexual assault and

has acquired the necessary strengths and/or tools to heal. According to Fernandez (2011) the word survivor is used to highlight the strengths and ability to survive. A definition of the term can also be found in Appendix B.

Working with populations that have experienced various forms of abuse such as domestic, sexual, and interpersonal violence, has prompted a desire for a deeper understanding of the experiences and processes of healing from such a traumatic event. My interest has transformed beyond conceptualizing trauma and choosing among and applying various theoretical and clinical interventions to alleviate negative symptoms associated with trauma to understanding the individual experiences from a more personal and comprehensive perspective. Diagnoses are created to be generalizable and are categorized based upon symptomology for clinical purposes but lack the intimate details that comprise human experience. Individual counseling involves two people: a client and a clinician, therefore understanding the process of becoming a survivor from the most fundamental and individual perspectives has the capacity to inform and improve the counseling profession. This study was designed to explore these personal experiences and develop a more comprehensive understanding of the process of identifying as a survivor in women after being sexually assaulted based upon their individual personal accounts and narratives.

Research Question

The overarching research question for the current study is: What is the process of identifying as a survivor for women after being sexually assaulted? Sub-questions, such as identifying coping skills and aspects within one's journey to identifying as a survivor that may have had a significant impact on a participant are used to explore the assault and

the events that occurred in the aftermath that facilitated the identification process.

Additional information and interview protocols can be found in Appendix C and D.

Significance of the Study

There is an existing body of literature that explores resiliency and effective coping mechanisms and skills after trauma (Smith & Kelly, 2001; Walsh, et al., 2007; Zraly & Nyirazinyoye, 2010). Both “resiliency” and “effective coping skills” appear to be broad and commonly used terms within the realm of trauma and healing. I am interested in moving beyond the term resiliency as a generic factor and exploring the specific and personal experiences, as well as situational characteristics of a particular traumatic event. Through this exploration, I hope to develop a more comprehensive understanding of how individuals are able to transition into a state of “survivor-hood.”

While formulating a research question that effectively encompassed each area of interest for this study, I struggled with the use of the words “victim” and “survivor.” Through my personal and professional interactions with individuals who have been sexually assaulted I have found the debate between these two labels to be quite controversial, as well as personal. Some individuals may choose to reclaim the word “victim” while others may abhor the word as a result of the negative implications and stigma that are associated with victimization. The term victim is commonly used as legal and medical jargon. Fernandez (2011) described his use of the words victim and survivor, in which he stated that the term victim refers to the “connotations of powerlessness, the term survivor is used to emphasize strength and capacity for survival” (p. 596). I acknowledge the negative connotations related to the word “victim” as well as the fluidity between both “victim” and “survivor” recognizing the lack of concrete

measurements to differentiate the stages of each. Therefore, for the purpose of this study participants who self-identified as a survivor were considered for participation.

With sexual assault being as widespread as it is, both nationally and internationally, it is important to understand the implications as well as methods of healing. Resiliency and effective coping mechanisms are necessary to assist individuals through the healing process after experiencing such a traumatic event. Coping mechanisms may differ greatly and resiliency is used as a broad term to encompass an individual's capacity to recover, or move forward. Having a deeper understanding of the process to identifying as a survivor after sexual assault can have significant clinical implications for the mental health fields. Through exploring and understanding the processes, coping strategies, and experiences of female survivors of sexual assault, treatment modalities can be implemented to promote optimal healing and well-being rather than merely addressing presenting symptoms. Additionally, this research provides recommendations for clinical practice, counselor educators, and suggestions for further exploration.

Summary

Sexual assault is a topic that has been explored for many years. Its numbers are staggering, yet they have not reduced significantly in almost two decades. The widespread prevalence of sexual assault and the stigma associated with being victimized prevent victims from seeking help, therefore silencing this epidemic and maintaining the imbalances in power structures.

As a result of my experiences with victims and survivors of sexual assault, in both professional and personal settings, this pilot study was developed in an effort to better

inform clinical interventions and promote best practices and educational curricula for training future counselors. The purpose of this study was to explore the personal processes of women who identified as survivors of sexual assault. Their experiences were used to inform theory and relationships among phases and processes to becoming a survivor. Understanding the barriers a victim may experience after being assaulted can help to improve services overall and improve quality of life and wellbeing in those affected by sexual violence.

CHAPTER TWO: LITERATURE REVIEW

This chapter explores the major themes present in the literature regarding violence against women, the effects of sexual assault, influences on the healing process, basic tenets of social constructivism and implications for the counseling field. As previously stated, there is minimal research available exploring the experiences one may encounter after being sexually assaulted, particularly around the healing process into survivor-hood (Smith & Kelly, 2001; Walsh, et al., 2007; Zraly & Nyirazinyoye, 2010). This chapter begins with an exploration of what constitutes as trauma, information about posttraumatic stress disorder (PTSD), a common diagnosis to experiencing trauma, and various factors that influence effective coping skills including: meaning making, disclosure, and perpetrator type. A second literature review will be conducted after data has been collected and analyzed to align the available research with the findings of the study.

The focus of this study is to understand the healing process, and ultimately the process of identifying as a survivor, in women after being sexually assault. A majority of the available research has focused on the negative precipitating events following a sexual assault, such as PTSD, depression, and anxiety (Hanley, Leifker, Blandon, & Marshall, 2013; Mahoney & Williams, 1998; Ullman, 2000). Posttraumatic growth refers to the positive changes that may arise in an individual's life after such a traumatic event. These changes may include a positive outlook on oneself, greater spirituality or religiousness, and positive changes within one's relationships (Frazier, Greer, Gabrielsen, Tennen, Park, & Tomich, 2013). Smith and Kelly (2001) described a woman's recovery from sexual victimization as a multidimensional, deeply personalized, and highly individualized process. Therefore, understanding such a complex phenomenon requires

the inclusion of subjective information in an effort to more accurately portray an individual's personal experience and effectively facilitate their process of healing.

Violence Against Women

Gender is a major determinant of both experience and exposure to sexual violence (Cortina & Pimlott-Kubiak, 2006). Although there has been an increase in research within the past 30 years exploring elements of male-perpetrated violence against women, with an effort on developing effective intervention and prevention methods, violence against women continues (Gallagher & Parrott, 2011) at staggering rates. When looking at gender as a contributing factor to risk of victimization (Brownmiller, 1975), sexual assault is one of the most gender dependent forms of violence and trauma (Cortina & Pimlott-Kubiak, 2006). Women are at an increased risk of experiencing violence than men as a direct result of social inequalities (Kimberling, Rellini, Kelly, Judson, & Learman, 2002), in addition to the structure and beliefs in traditional gender norms of masculinity and femininity.

Hostility toward women (Malamuth, 1983) is a major predictive tool in assessing sexual and physical violence against women; the more hostile a man is toward women the more likely he will exhibit violent behaviors. In a quantitative study by Gallagher and Parrott (2011) adherence to three norms of hegemonic masculinity, status, toughness, and antifemininity were found to be associated with hostility toward women. These results support the literature on masculinity and gender role stress in that men become aggressive and dominant toward women when traditional male roles are interrupted. Additionally, those who follow hegemonic masculine gender roles are also more likely to expect others to adhere to the same roles. Gender-role traditionality is also associated to

attitudes toward violence against women (Yamawaki, Ostenson, & Brown, 2009) among American and Japanese college students. Therefore those who follow traditional gender roles are more likely to be more accepting of violence against women. Yamawaki et al. (2009) found that increased adherence to traditional gender roles also increased the prevalence of victim blaming, excusing the perpetrator, and minimizing violence against women. These studies have implications for future exploration of the ways in which social and gender norms influence violence against women.

In a quantitative study conducted by Sundaram, Lauren, and Helweg-Larsen (2008) in Denmark, they found statistically significantly higher rates of female victims of forced sexual activity for both the adult and adolescent groups. Within the adult population 14% of women and 2% of men reported sexual victimization; with 10% of the women reported being perpetrated against by a stranger. 4% of female adolescents and 1% of male adolescents reported forced sexual activity at least once. 14% of the female adolescents reported being victimized by a stranger. While this study examined instances of forced sexual activity, it is important to note that sexual assault encompasses instances that extend beyond the use of force. As defined by Lawson (2013), sexual assault is unwanted or forced, including instances of threat or coercion.

Women experience significantly more instances of sexual violence than men, and are more likely to result in injury, hospitalization, disability, or death (CDC, 2014). Gender-dependent violence, adherence to traditional gender roles, and aggression and hostility toward women represent a large-scale societal problem in which social norms encourage violence against women. Further understanding of the ways in which society influences victimization, as well as reactions to sexual assault can provide additional

insight into the structure of violence and potential for healing. Social structures exist in a manner that promotes violence against women. Once the assault has occurred society continues to affect the victim through victim-blaming and minimizing the assault; therefore creating additional barriers to heal and become a survivor.

Trauma

Trauma is something most people will experience within one's lifetime. The type of trauma varies from accidents and natural disasters, to acts of terrorism and violence. Trauma has been described as an event that produces extreme stress and causes an individual to become overwhelmed and unable to access the appropriate resources (Quosh & Gergen, 2008). Wiger and Harowski (2003) furthered this definition of trauma by including the presence of a perceived threat in which an individual's ability to function effectively is disrupted. The trauma that is experienced by sexual assault can have a long-term psychological impact on an individual (Culbertson & Dehle, 2001). The trauma caused by sexual assault has been associated with a plethora of negative outcomes such as depression, substance abuse, anxiety disorders, low self-esteem, and interpersonal difficulties (Walsh et al., 2007). Although the aforementioned symptoms are commonly associated with trauma, it is useful to note that trauma affects people differently, therefore two people experiencing a similar event may conceptualize it differently and present with varying levels of distress (Wiger & Harowski, 2003).

Posttraumatic Stress Disorder

Experiencing a traumatic event can have lasting negative effects on an individual, such as the development of PTSD (Smith & Kelly, 2001). Nevid, Rathus, and Greene (2008) defined PTSD as a "prolonged maladaptive reaction to a traumatic experience"

(pp. 200). The symptoms of PTSD can persist for months, years, or even decades. Symptoms are made up of four clusters: intrusion, avoidance, negative alterations in cognition and mood, and alterations in arousal and reactivity; these symptoms may include recurrent and distressing thoughts or dreams about the event, a sense of reliving the traumatic event, becoming triggered by exposure to particular cues, and increased arousal or persistent avoidance of stimuli associated with the trauma (American Psychiatric Association, 2013). Recovering from sexual assault can be a lengthy and highly emotional process (Koss & Figueredo, 2004). It is quite possible for a self-identified survivor to experience symptoms of PTSD such as, but not limited to, recurrent and distressing thoughts or dreams about the event, a sense of reliving the traumatic event, being triggered by exposure to particular cues, increased arousal or persistent avoidance of stimuli associated with the trauma (American Psychiatric Association, 2013).

The onset of PTSD may develop immediately following exposure to a traumatic event, or can present itself long after the event took place, but should persist for a minimum of one month (American Psychiatric Association, 2013). A delay in PTSD symptoms can occur in individuals for up to six months after experiencing a traumatic event. PTSD is a common anxiety disorder associated with the experience of various traumatic events (Lawson, 2013). Although symptoms of PTSD are considered disruptive some aspects may be potentially used as coping mechanisms, such as hyper arousal and avoidant behaviors; thus allowing the individual to continue to be an active member of society through effective means of protecting oneself.

Smith and Kelly (2001) note that recent research has linked many of the symptoms described by survivors of sexual assault to those found within the diagnostic criteria of PTSD, as laid out in the DSM-5. Quosh and Gergen (2008) added that these symptoms must be pervasive enough to cause significant impairment within one's social, interpersonal, and occupational areas of life. Although some symptoms of PTSD can be used as effective coping strategies, Bonanno (2013) found that survivors of sexual assault were among one of the largest groups to experience trauma and not exhibit factors of resiliency, or effective coping strategies, compared to those that experienced emergency surgery or escaped a collapsing building. As such, he suggested that the level of severity of trauma experienced from sexual assault might be higher than other groups that have also experienced a traumatic event.

Gender Differences with Posttraumatic Stress Disorder

Women are twice as likely to develop PTSD than their male counterparts, although it is believed that men experience trauma at higher rates than women in general (Tolin & Foa, 2006; Hanley et al., 2013). A quantitative study conducted by Du Mont, Macdonald, White and Turner (2013) reported that male victims of sexual assault generally experienced greater levels of force and violence than women, which can influence both the conceptualization and internalization of the event. Men were also assaulted by strangers less than what was originally thought based upon research conducted within hospital settings; influencing the degree of traumatization based upon the relatedness of the perpetrator (Du Mont et al., 2013, Culbertson & Dehle, 2001). Although males may experience greater levels of force and violence, women are more likely to suffer injuries and experience penetration which can lead to physical

consequences including, but not limited to, sexual dysfunction, pregnancy, or sexually transmitted infections (Kimberling et al., 2002). Women's greater rates of vulnerability can be attributed to the forms of trauma experienced, such as sexual assault and domestic violence (Cortina & Pimlott-Kubiak, 2006).

Although research exists that explores the ways in which men experience trauma, little is known about how males conceptualize PTSD. Hanley et al. (2013) explored various coping skills, support, and levels of intimacy within marital relationships, but there seems to be a lack of how men present with PTSD and utilize effective support systems and coping mechanisms. A vast majority of the research that explores trauma, sexual assault, coping, and healing focus on female participants; therefore a gap exists in the literature regarding gender differences and experiencing trauma.

Meaning Making

Although information exists within support groups and the ways in which telling stories can benefit survivors, there is a lack of information on how these narratives affect an individual in regards to exploring new meaning, information, and possibilities (Dean, 1998). Smith and Kelly (2001) conducted an existential-phenomenological qualitative study of seven women and their journey to recovery after experiencing rape. Reframing the event, or meaning making, was one significant theme that emerged from the data. Based upon their analysis, it was necessary for these women to find a purpose for the assault; noting that the purpose varied for each participant.

The experience of the sexual assault will differ based upon the individual's interpretation of the event (Smith & Kelly, 2007). Positive reframing of one's experience has shown to be an effective method in recovery from rape trauma (Walsh et al., 2007).

These women were better adjusted emotionally than those who did not utilize coping mechanisms with such positive outlooks. According to Zraly and Nyirazinyoye (2010), the idea of living again was the motivating factor for women who experienced genocide rape in Southern Rwanda to move forward with their lives.

According to Anderson and Hiersteiner (2008) an individual's socially constructed narrative is increasingly becoming viewed as a valid tool for healing, analysis, and expression. Hall (2011) further elaborated on this idea by identifying narrative approaches as incorporating subjectivity, pluralism, and relativism; all based upon the interpretation of the individual. A qualitative study conducted by Valencia, Shakespeare-Finch, and Obst (2013) described the healing process of two women after experiencing sexual assault. Both women stated that avoidance was no longer an option after a certain point; therefore it was essential to their healing process to conceptualize and address the event(s) that had taken place. Although painful as it may have been, each woman was able to connect herself to the assault, thus facilitating the healing process.

Positive outcomes and growth from trauma is best explained through literature on posttraumatic growth. Calhoun and Tedeschi (2001) posit that an individual may be able to grow and develop effective coping skills following a traumatic experience. Therefore, reconstructing one's interpretation of traumatic event(s) can have positive effects on one's overall well-being. The meaning(s) associated with a particular experience can be greatly influenced by personal interpretations of the event. Self-shame is promoted through the structures within which society exists; which act as the voice reinforcing blame. Understanding one's methods of self-shame can be a critical tool in overcoming the guilt and shame placed upon an individual by others (Brown, 2012).

Social Constructionism

Within the field of counseling it is important to understand a client's story, and experiences, from their perspective. In addition to honoring the subjectivity of experience, it is also paramount to the therapeutic relationship to acknowledge and respect the power differences between client and counselor, so as to not use it in a harmful manner. Personal narratives, and experiences, can be co-constructed by the "teller" and the "audience" (Hall, 2011). It is important to note here that the "audience" can vary greatly from a friend, social support provider, or even society. The "audience" influences the way in which the "teller" conceptualizes and presents their story. Social constructionism incorporates all forms of existence into its practice (Gergen & Gergen, 2008) such as, but not limited to, physical, mental, emotional, and spiritual constructs. Its meaning is relational to the individual experiencing it. Societal pressures and social stigma, as noted by Fernandez (2011), can have a deleterious impact on a survivor. Blame, guilt, and negative stigma can affect the ways in which a survivor views the assault, thus creating a more negative narrative. Ahrens and Aldana's (2012) study suggests that the absence or presence of positive social reactions following a disclosure may have a profound impact on the ways in which a survivor conceptualizes the assault, and ultimately influencing the process of healing. Understanding the assault from the survivor's subjective view provides the most accurate interpretation; particularly when considering experiences, meanings, and labels inherent to a traumatic event not only vary among individuals, but are also fluid and may change with time (Quosh & Gergen, 2008).

Disclosure

Disclosing an experience of assault may assist a survivor in gaining support, acknowledge that they are not alone, and validation from other survivors in terms of what they may be feeling and experiencing (Smith & Kelly, 2001). A quantitative study by Hanley et al. (2013) found that elevated levels of PTSD were associated with lower engagement in support. Using one's story, or narrative, to open the discussion and increase awareness has been utilized as a community agent in building a sense of belonging. In regards to the use of narrative as a method of regaining one's loss of identity, Nelson (2001) stated:

Although oppression always damages people's identities by depriving them of opportunity, it frequently also has a second kind of destructive impact. A person's identity is twice damaged by oppression when she internalized as a self-understanding the hateful or dismissive views that other people have of her (p. 21).

Although disclosure of sexual assault is typically met with supportive responses, it is not uncommon to receive negative reactions, such as being blamed and doubted (Ahrens, Cabral & Abeling, 2009).

Various factors play into the idea of social interaction within a survivor's process of recovery. Coping strategies, such as disclosure and discussing one's experience of sexual assault, are effective methods influencing one's recovery process (Walsh et al., 2007). The sharing of a victim's story of survival can influence an individual long after the event has occurred. According to Zraly and Nyirazinyoye (2010), a mother shared her experience of the 1959 massacre in Rwanda with her daughter, which prompted her

daughter being open about her rape experience later in life. PTSD symptoms may hinder an individual's willingness to self-disclose (Henry, Smith, Archuleta, Sanders-Hahs, Nelson, Goff, Reisbig & Scheer, 2011), thus making the process of recovery an arduous task. Although social interactions can be utilized as a positive coping mechanism, Zraly and Nyirazinyoye (2010) added that individuals continue to be hesitant to disclose their experience of assault because of the fear of societal views such as stigma and marginalization.

Disclosure to informal support systems, such as friends and family, occurs more frequently than to formal service providers such as medical personnel or the police (Filipas & Ullman, 2001). According to a mixed methods study by Ahrens et al. (2009) 81.6% of survivors disclosed an assault to some form of support provider. Survivors, who disclosed, on average, are more likely to disclose to friends, counselors, and followed by family members, while acquaintances and medical personnel being the least likely support systems to receive a disclosure.

Reactions to Disclosure

Research has suggested that the type of reactions a survivor of sexual assault receives may greatly affect the survivor's well-being and process of healing (Ahrens & Aldana, 2012). Ullman (2000) identified seven types of social reactions to disclosure of a sexual assault: (1) Emotional support; (2) Tangible aid; (3) Blame; (4) Taking control; (5) Distraction (6) Treating differently; and (7) Egocentric reactions. *Emotional support*, as stated by Ullman (2000) is defined as supportive reactions including listening, telling survivors it was not their fault and believing him/her after disclosing. *Tangible aid* is providing information and/or actual assistance. *Blame* occurs when someone tells the

survivor they are not careful enough and is at fault for what happened. *Taking control* involves treating the survivor like a child and/or making decisions for him/her.

Distraction occurs when someone tries to get the survivor to stop talking or thinking about the assault. *Treating differently* occurs when the survivor is treated like “damaged goods” or when one begins to exhibit avoidant behaviors toward the survivor following disclosure of the assault. Lastly, *egocentric reactions* occur when an individual becomes so emotionally upset they cannot support the survivor or focuses on their own needs rather than the needs of the survivor.

Brown’s (2012) research on shame resilience addresses the importance of the ways in which one responds to an individual’s disclosure. Responding with judgment, rather than empathy, exacerbates shame. “Empathy is connecting with the emotion that someone is experiencing, not the event or the circumstances” (Brown, 2012, pp. 81). Through listening, withholding judgment, and fostering a safe space the act of empathy provides a sense of connectedness, rather than isolation caused by shame. Although a response may be well intentioned, it is possible for these responses to be interpreted as negative, especially when considering the identity of the respondent (Ahrens et al., 2009). Therefore it is important to understand the underlying messages that are present within the responses that are given to individuals who have experienced sexual assault. There are times when messages are not given with good intention and are deliberately negative. Negative reactions can have profound negative influences on survivors, particularly after experiencing various levels of loss and trauma before disclosing (Ahrens & Aldana, 2012).

It is also suggested that the identity of the respondent, coupled with the response, may have a tremendous impact on how the message is received. Ahrens and Aldana (2012) have suggested that social support from informal support systems, such as family, friends and significant others, are typically viewed as more cathartic than reactions from more formal support providers. For instance, it may be more harmful to the recovery and coping process of a survivor if blame is received by a family member or significant other as opposed to a medical or legal official (Filipas & Ullman, 2001). A mixed methods study by Ahrens and Aldana (2012) showed that participants rated the most influential disclosure to friends as the highest, followed by family members and ending with intimate partners. More than 66% of the social reactions received were positive and negative reactions coupled together upon disclosure of the assault by the survivor. It is interesting to note the relationship of the responder to the survivor was even for all three categories, therefore regardless of the relationship; reactions were commonly a mixture of both negative and positive (Ahrens & Aldana, 2012). Disclosures that received all positive reactions were viewed as being the most beneficial with the greatest impact from the survivor, while all negative reactions were viewed as being detrimental to the survivor, her emotional well-being, and to the relationship as a whole. Furthermore, Ahrens and Aldana (2012) concluded there are less beneficial impacts on an informal relationship than there are detrimental impacts after disclosing a sexual assault.

Perpetrator Type

Perpetrators of sexual assault vary from strangers, dates, significant others, intimate partners, acquaintances to family members of the survivor. Culbertson and Dehle (2001) suggested that the interpersonal relatedness of the perpetrator to the

survivor might be influential in regards to determining their prognosis. If the prognosis of an individual is poor, this can have a great impact on the healing process and experience of a survivor. Interpersonal relatedness can be an important determinant based upon how the assault is understood by the survivor, as well as by society (Culbertson & Dehle, 2001). Societal views include gender norms and legal codes that possibly create further confusion regarding issues such as acquaintance or wife rape. As noted by Mahoney and Williams (1998) it was not viewed as a crime in the United States for a husband to rape his wife until the late 1970's. Furthermore, the relationship of the perpetrator to the survivor can influence the level of support that may be either sought after or received. Culbertson and Dehle (2001) suggested that those who are more intimately involved with the perpetrator might have limited social support systems, which make leaving or distancing oneself from the perpetrator an increasingly nebulous and arduous task. Research has suggested that positive support system can facilitate the healing process after experiencing trauma (Walsh et al., 2007). It could therefore be the case that being assaulted by an intimate partner may create a roadblock in one's ability to seek support.

Culbertson and Dehle (2001) conducted a study and found statistically significant group differences when looking at perpetrator types and the impact it has on a survivor. Individuals in the cohabiting/marriage group reported the highest levels of distress and hyper-arousal based upon the Impact of Event Scale-Revised (IES-R) instrument. The acquaintance group reported the second highest score on the IES-R, followed by the sexually intimate group and ending with the lowest scoring group, dating. Although this study did not include sexual assaults committed by strangers, due to a low number of respondents, it does provide an understanding of how the relationship of the survivor and

perpetrator may influence or hinder the healing process, as well as how the assault may be conceptualized by both the survivor and society.

Culbertson and Dehle (2001) noted that assaults perpetrated by strangers yielded such low responses they made decision to omit it from their study. The results and decision made by these researches directly contradicts the mainstream societal beliefs and assumptions about sexual assault statistics. Studies similar to this can be used to inform lawmakers, medical service providers, and mental health clinicians in order to address sexual assault in a more effective, understanding, educated, and sensitive manner.

Counseling Implications

Conceptualizing how an individual experiences trauma and understanding how to work with and help survivors of trauma are fluid and complex issues (Danzer, 2011). Understanding effective methods of clinical interventions when working with clients who have experienced severe trauma is beneficial to treatment outcomes. Danzer (2011) stated that a strong therapeutic relationship between the survivor and clinician might assist a client in healing from oppressive and traumatic events. The rapport that is built within a therapeutic alliance can support clients in developing trust that was once lost due to the experience of sexual assault. Smith and Kelly (2001) suggested that a survivor could benefit greatly from a professional who is nonjudgmental, supportive, and empathetic. It is also important for the professional to use supportive and empowering statements, as well as understand that healing is a subjective and individualized process that will vary from one survivor to the next. As stated by Quosh and Gergen (2008) “by increasing sensitivity to the multiple and malleable constructions of trauma, we also expand the domain of potentially useful practice” (pp. 106).

Although research exists on trauma, crisis, and treatment modalities there seems to lack a more personalized approach. Much of what is available falls within the lines of manualized treatment approaches and symptomology-based diagnoses. The available research exploring the more subjective and personalized experiences are just that; understanding particular phenomena. The need for additional research is evident, not just in my search for information but also in the social sciences where clinicians continue to struggle with trauma clients and in the legal system where survivors are faced with laws and regulations that continue to strip away their rights and power. Understanding not only the experiences but also the process of healing, both successes and downfalls can have profound implications in many aspects.

When using the traditional trauma/recovery paradigm that is available within the fields of mental health, an individual's interpretation of survival and healing experience may go unnoticed, and possibly invalidated (Anderson & Hiersteiner, 2008). Using certain labels that are associated with psychopathology can invalidate the individual's experience. The symptom/diagnosis/treatment approach paradigm is so rigid that it does not allow for fluidity and flexibility within each individual's personalized approach to navigating traumatic experiences. Not only does the medical model paradigm not allow for much flexibility, but also it is possible for an individual's coping skills to change with time, therefore creating a different outlook on prognosis (Anderson & Hiersteiner, 2008).

Available research explores factors that influence the ways in which sexual assault affects a victim. Perpetrator type, methods of and reactions to disclosure, gender differences related to PTSD, and conceptualization of the event can impact the ways in which an individual is affected by sexual assault. Through the use of social constructivist

methods the field of counseling may be able to develop more effective interventions to address and intervene with sexually abused clients to foster an environment that is conducive to the healing process and improve prognosis.

Extended Literature Review

The following section of the literature review is in response to the emergent data obtained through this study. The data will speak to participant experiences and phases throughout their processes, support existing literature, identify gaps within the literature and introduce new findings. This section supports the emergent theory representing the process from victim to survivor in women that have been sexually assaulted.

Rape Myths

Rape myths, as defined by Lonsway and Fitzgerald (1994) as “Attitudes and beliefs that are generally false but are widely and persistently held, and that serve to deny and justify male sexual aggression against women” (p. 134). Rape myths are accepted universally and can be seen in places such as jury verdicts, public policy decisions, thus influencing others’ reactions to survivors. Rape myths serve to function as a stereotype, thus justifying why survivors deserved the assault (Cassel, 2012), explaining how they contributed to their own victimization (Johnson, Kuck & Schander, 1997) and shifting the blame onto the victim rather than the perpetrator (Lonsway & Fitzgerald, 1994). Burt (1980) described this phenomenon as the “just world” hypothesis, thus justifying one’s misfortune by placing the responsibility or blame on to the victim. Rape myths facilitate an environment that is accepting and encouraging for sexual assault to occur (Armstrong, Hamilton & Sweeney, 2006).

The existence of rape myths serves as an avenue to reject sexual violence as being a common offense through misconceptions such as only “certain types of women” are raped, or women tend to “cry rape” (Lonsway & Fitzgerald, 1994). Women are thus provided with a false sense of security through the acceptance of such rape myths. Contrary to the commonly held misconceptions, sexual assault occurs rather frequently, with younger women being victimized at an alarming rate of 20-25% (Fisher, Cullen & Turner, 2000). The statistics and myths tell two very different stories regarding sexual assault; unfortunately rape myths are so ingrained in society they are normalized and upheld.

The misconceptions supported by rape myths can be seen among various circumstances. For instance, acquaintance rape constitutes approximately 66% of assaults (Koss, 1985), yet Johnson et al. (1997) report a significant response from respondents who believe strangers predominantly commit rapes. This can be interpreted in two ways; one being the misconceptions supported by rape culture, or the ambiguity surrounding the possibility, and realities, of nonconsensual sexual acts between people who know one another. This misconception can lead to a false sense of security. Individuals who are not aware of these potential dangers are oftentimes less prepared when faced with a situation that threatens their safety.

Higher acceptance rates of rape myths are believed to correlate with increased sexually aggressive behaviors and the adherence to more traditional sex role attitudes (Lonsway & Fitzgerald, 1994) and acceptance of interpersonal violence as well as general acts of violence (Payne, Lonsway, & Fitzgerald, 1999). Therefore the rejection of rape myths is a key component in preventing sexual violence (Talbot et al., 2010). Men

who rank highly on traditional gender role beliefs tend to adhere to the rape myths that rape can be avoided if women did not secretly want to be raped and if women did not provoke men (Johnson et al., 1997). When observing various demographics that may contribute to acceptance rates of rape myths, Lonsway and Fitzgerald (1994) report the gender of the respondent as the only consistent relationship found, where men are more likely than women to be accepting of rape myths.

Furthermore, Johnson et al. (1997) found an overwhelming percentage of male respondents claim that a woman cannot report being raped by a man with whom she has previously had consensual sex with, and that a man has the right to assume a woman wants to have sex with him if they had engaged in an oral sex encounter. It is also believed that a man has the right to assume a woman wants to have sexual intercourse with him if she allows him to touch her in a sexual manner. Male respondents, particularly under the age of 15, also believe the rape myth that men have sexual urges they cannot control. Upholding these beliefs conveys a message of power, privilege, and entitlement and offers a justification supporting sexual violence against women.

Rape myths, as stated by Burt (1980), are difficult to combat because they are so closely unified with other strongly held insidious beliefs commonly found within Western culture, such as sex role stereotyping and the acceptance of interpersonal violence. An additional difficulty in combating acceptance rates of rape myths is the difference among function between men and women in society (Lonsway & Fitzgerald, 1995) where men are thought to be dominant and assertive while women are suppose to be submissive and passive. Therefore, rape myths serve to uphold socially constructed gender norms and encourage violence against women, particularly sexual violence.

Religion

Religion may be a system of support for individuals struggling with various life stressors. However, Ahrens, Abeling, Ahmad, and Hinman (2010) found minimal literature addressing the use of religion and spirituality among victims of sexual assault. Whether one's belief is rooted in a particular religion or spirituality, it is likely victims of assault may rely on their belief systems for support and healing. Ahrens et al. (2010) found that survivors of sexual assault turned to religion for meaning, comfort, and support, and engaged in good deeds as two major methods of coping.

While religious coping can be utilized in the aftermath of an assault, less is known about the implications of religious beliefs on the emotional wellbeing of a victim. For an individual who identifies as religious those beliefs may be incorporated into many aspects of their lives (Harrison, Koenig, Hays, Eme-Akwari, & Pargament, 2001), therefore influencing the ways in which they understand life events. For instance, the stigma that is oftentimes associated with premarital sex can negatively affect an individual that was assaulted. Additionally, a victim may attribute their assault to God's plan (Harrison et al., 2001), or a part of a larger plan. The lack of stigma within the religious realms suggests further exploration should be taken to understand the implications religion and spirituality have on victims of sexual assault.

Intimacy after Sexual Assault

The effects of supportive social networks and positive reactions to disclosures of sexual assault are well documented in existing literature. Exploring sex, sexuality, and intimacy after rape or sexual assault can increase understanding of assault that extends beyond trauma-related symptomology such as anxiety, depression, and posttraumatic

stress disorder. Although sexual issues associated with physiological problems are known, understanding the benefits of a healthy intimate relationship are not as well known.

An understanding and loving partner can serve as a protective factor for women victims of sexual assault (van Berlo & Ensink, 2000), but literature on how these supportive relationships affect a victim's ability to engage in and be comfortable with sex after being assaulted is relatively uncharted territory. Early research on sex and sexuality in the aftermath of assault focused on satisfaction and sexual behaviors. Van Berlo and Ensink (2000) conducted a review of literature on problems with sexuality after sexual assault and found research beginning in the late 1970's. Each study focused on emotional well-being related to the assault as a mechanism of satisfaction or sexual dysfunction. There is intimacy after sexual assault, although the literature only reflects the negative effects sexual assault has on one's sexuality and sex life. Reframing experiences and exploring the factors that improve a victim/survivor's relationships and sex life can inform treatment modalities and clinical approaches to working with victims of abuse.

Posttraumatic Growth

Posttraumatic growth is the positive outcome and psychological change and growth as a result of utilizing specific coping skills in the aftermath of an assault (Calhoun & Tedeschi, 2001; Wiesel, et al., 2006; Underleider, 2003), or the possibility that an individual may be able to "grow" psychologically from a traumatic event (Grubaugh & Resick, 2007). Barrington and Shakespeare-Finch (2013) have suggested that survivors of trauma experience both growth and loss, with levels of growth being

significantly greater than loss. Posttraumatic depreciation (Barrington & Shakespeare-Finch, 2013) was associated with more negative experiences, such as distress while participants' growth was in more positive areas. This finding suggests that loss may in fact be beneficial to the healing process.

Tedeschi and Calhoun (1996) identified five domains of posttraumatic growth defined by the Posttraumatic Growth Inventory (PTGI; Tedeschi & Calhoun, 1996). The five domains are: a greater appreciation of life, closer relationships, new possibilities, increased personal strength, and spiritual changes. A great appreciation for life can be seen from the reframes used by participants in this study. They were able to reconstruct their understanding of the assault and place new meaning on their experience and life purpose. With regards to closer relationships, survivors may also experience increased empathy and compassion for others (Sheikh, 2008). This ability to form closer relationships may facilitate a sense of validation and community through in-depth connections with others in more meaningful ways. New possibilities can be viewed as a change in career path or an increased interest in advocacy and activist activities (Sheikh, 2008). Increased personal strength is an additional opportunity for further growth (Sheikh, 2008). Individuals who have been able to implement adaptive coping methods and reframe their experiences may experience a greater sense of self, therefore improving their sense of personal strength and ability to overcome hardships. Lastly, spiritual change is not limited to religious beliefs. Individuals may experience a connection larger than themselves, including but not limited to God, the universe, and nature (Sheikh, 2008).

After narrowing existing literature to events that are likely to meet the diagnostic criteria for a traumatic stressor, Grubaugh and Resick (2007) suggested that little is known about the relationship between growth outcomes in women who have experienced trauma and their severity of symptoms. Additionally, they looked at the ways in which treatment seeking female assault victims developed factors for posttraumatic growth. While their study yielded mixed results, Grubaugh and Resick (2007) suggested that victims of traumatic experiences may report instances of growth while continuing to struggle with symptomology related to trauma, such as depression. It can also be noted that the women within this study may be experiencing chronic symptoms, therefore being a motivating factor for seeking mental health services.

More research should be done to explore the relationships between growth and symptom severity in women at differing stages within their lives. For example, age and time can be seen as mediators in a victim's ability to identify growth after a traumatic event (Grubaugh & Resick, 2007). Understanding the process and implications of trauma can significantly influence the ways in which researchers are looking at posttraumatic growth while accounting for various factors that can potentially influence one's ability to heal.

Studies on posttraumatic growth have shown reports in positive changes in areas such as improved relationships, increased empathy, and a sense of becoming a better and stronger person (Cobb, Tedeschi, Calhoun, & Cann, 2006; Frazier, Conlon, & Glaser, 2001). A qualitative study conducted by Senter and Caldwell (2002) found that women that left their abusive relationships reported being more likely to help others in need and had improved interpersonal relationships. Greater levels of posttraumatic growth can be

related to a sense of connectedness and availability of a role model within a victim's life (Cobb et al., 2006). These findings support Weiss's (2002) suggestion that a social support and network have a positive impact on an individual's growth and development after experiencing a traumatic event. Therefore, feelings of connectedness and community can aid in the healing process and posttraumatic growth in victims of abuse.

Although trauma and traumatic events can have deleterious effects on an individual's life, there is hope for positive growth and development. Posttraumatic growth literature suggests positive outcomes in the aftermath of trauma. Although various factors may contribute to one's ability for growth, positive outcomes can be seen in individuals in as soon as two weeks following a traumatic event (Cobb et al., 2006). Therefore, an individual's prognosis may be improved with the appropriate support services and networks put in place.

CHAPTER 3: METHODOLOGY AND ANALYSIS

This chapter provides the reader with an understanding of basic qualitative research, with a focus on grounded theory methodology. The methods of data collection and analysis are also offered with the intention of providing the basic tenets and goals for choosing to use a grounded theory methodology. Participant selection, recruitment styles, and analysis methods are provided in detail to involve the reader and provide a thorough understanding of the process in which I approached the research. Possible limitations and delimitations are discussed, as no research is completely error-free. Lastly, I briefly share my motivations, both professionally and personally, for pursuing this particular topic of research.

Qualitative research, as defined by Savin-Baden and Major (2013), is social research that aims at exploring the ways in which people make sense of their experiences and ideas. Although there are shared characteristics within qualitative research, the approaches vary depending on the focus and interest(s) of the researcher. Therefore qualitative research allows for flexibility that may not otherwise be possible. Qualitative research is emergent; the researcher typically enters the research with a very flexible and fluid research design (Merriam, 2009). Qualitative research is used to understand cultures, individuals, processes, and phenomena. As described by Savin-Baden and Major (2013), qualitative research has a focus on understanding the perceptions, perspectives, interpretations, and experiences of the people, as well as how they make meaning of the world in which they exist; an emic perspective. Grounded theory, a form of qualitative research, was developed in 1967 by Glaser and Strauss as a way of exploring processes

and provide explanations based upon gathered data, as well as advancing theories for an identified phenomenon (Glaser & Strauss, 1967).

Grounded Theory

Grounded theory is a general qualitative methodology used to develop theory for an identified phenomenon grounded in data that is methodically gathered and analyzed (Savin-Baden & Major, 2013). Grounded theory methodology provides the researcher with a way of thinking about and conceptualizing data (Strauss & Corbin, 1990), and creates an innovated theory that is grounded within the data produced by participants to make sense of the individual's experiences within the social contexts in which they exist (Fassinger, 2005). The method of grounded theory starts with inductive strategies to collecting and analyzing data with an end goal of creating a middle-range theory (Charmaz, 2008). Ultimately, grounded theory results in a systematic interpretation of each participant's experience(s) and of the processes describing how their worlds are constructed (Charmaz, 2005). Theory emerges throughout the research within relationships between data analysis and continuous data collection (Strauss & Corbin, 1990). Theories are typically generated from the data and are referenced back to through constant comparative methods to ensure accurate analysis and further data collection.

The purpose of grounded theory was to generate a theory based upon the exploration of a particular phenomenon (Glaser & Strauss, 1967) through focused data collection and analysis, ultimately providing a descriptive theoretical foundation (Charmaz, 2014). Fundamentally, grounded theory begins with theoretical sampling and continues until data saturation is met. Along the data collection and analysis process the researcher engages in memo-writing, constant comparison of data, and continues to refine

the sampling and interview protocol to meet the needs emerging through the available data (Charmaz, 2014).

Due to the structure of grounded theory, the interpretations and perspectives of others must be considered and incorporated into the researcher's analysis (Strauss & Corbin, 1990). For the development of a grounded theory to exist, multiple perspectives must be consistently gathered throughout the data collection and analysis. The constant collection and analysis of data along with the interactions with colleagues, one's self, and the research settings allow the researcher to build theory that encompasses a wide range of ideas without becoming caught in what may seem like insignificant details (Strauss & Corbin, 1994; Charmaz, 2008). Grounded theory aims to explore patterns of interaction and action, as well as a process. "When stages or phases are distinguished for analytic purposes by the research, this signifies a conceptualization of what occurs under certain conditions" (Strauss & Corbin, 1994, pp. 278).

Social Constructivism

Social constructivism provides researchers with an innovative and modern approach to developing new understandings and, ultimately, creating a unique theory based upon the interpretations and analysis of individuals' personal experiences (Charmaz, 2014). Social constructivism, at its core, postulates that one's reality is socially constructed through subjective meanings based on personal experiences, thus giving way to multiple meanings (Bloomberg & Volpe, 2012). Knowledge lies in the minds of the individuals who construct what they know based upon personal experiences (Savin-Badin & Major, 2013). Social constructivism suggests that people construct their own realities via shared beliefs, social interactions, and methods of communication

(Fassinger, 2005). Constructing knowledge is an active process that is based upon the personal experiences of an individual's creation of one's own reality. As stated by Bloomberg and Volpe (2012), social constructivist researchers aim to address the process of interaction between individuals and an identified phenomenon. Sexual assault can be a very personal and subjective experience; therefore I believe it is imperative to allow participants the freedom to express the process through their own personal and individualized interpretations of the assault and the aftermath.

Social constructivism, as described by Lincoln and Guba (1985), asserts reality is a social construction that is created through the subjective meanings and understandings that are specific to the individual experiencing a particular phenomenon. The contexts in which people exist influence the meaning of an experience, thus providing additional insight into an individual's realities they believe to be valid and the meaning they associate with each experience. Constructions of reality differ from person to person, based upon their pre-established schemas of the world in which the individual exists.

According to Charmaz (2014) social constructivist grounded theory bring relativity and subjectivity into the ways in which we understand theory and involves the researcher in the construction and interpretation of the data. The researcher is also able to explore and address, the "what", "how", and "why" while respecting and maintaining the complexities of life by reflecting experiences in an authentic manner (Charmaz, 2008). Because of the sensitive nature of sexual assault, and the subjectivity of trauma experiences, it is important to incorporate participant perspectives throughout their process of healing. Not including participant subjectivity and the fluidity in the construction of experience could be seen as limiting to the purpose of this study. Because

the experience of trauma is subjective, I believe social constructivism is the most appropriate approach to gathering and analyzing data to develop a comprehensive understanding of the process to becoming a survivor.

Research Sample and Data Source

Participants were recruited from the urban Southwest United States using purposeful, theoretical, and snowball sampling methods. Potential participants had to be women, 18 years of age and older with the most recent sexual assault occurring a minimum of 12 months prior to signing the informed consent form. A total of seven women ($N = 7$) participated in this study, yielding a total of 14 interviews.

Based upon differing societal expectations and norms between males and females (Fernandez, 2011; Weiss, 2010), females were the sole focus of this study. Individuals who were sexually assaulted within 12 months of the study were not eligible for participation. The use of the 12-month timeframe allowed these women time to process what they experienced. Although I understand there is no specific timeframe for healing, I felt more comfortable exploring such personal and sensitive details after some time had passed, thus allowing for possible delayed reactions to trauma to surface and allow the victim time to navigate and process their emotions. The timeframe was also implemented in an effort to reduce the likelihood of re-traumatizing participants. Although a diagnosis of PTSD was not required for participation within this study, it is quite possible for an individual to begin experiencing negative effects months after an assault has occurred (American Psychiatric Association, 2013). Therefore it was important to allow space and time for healing before exploring deeply traumatic events such as sexual assault.

After signing the informed consent form potential participants were screened using the PCL-C, a self-administered Civilian PTSD checklist comprised of 17 items, which can be found in Appendix E. Each item had a score between 1 and 5, ranging from not at all to extremely, which assessed responses to stressful life experiences. After consultation with an expert in the counseling profession, a cutoff score of 29 or below was identified for participation in this study, thus indicating little to no severity for PTSD. Scores above 29 were not considered for this study because of the possibility of PTSD symptoms, which ranged from low to severe based upon the assessment tool. I understand undergoing sexual assault can be a turbulent and emotionally taxing experience, therefore those who expressed interest in participating, whether accepted or denied, were provided with appropriate community resources and agency referrals, as well as information regarding the effects of sexual assault. Resources, community referrals, and information were included in a packet and provided to each potential participant I met with.

Sampling

Participants were recruited from various community, clinical, and university organizations. Theoretical purposeful sampling was utilized to recruit participants for this study in an effort to better understand their process to becoming a survivor after being sexually assaulted. As noted by Creswell (2013), purposeful sampling is a method of selecting participants who have experienced a particular phenomenon; in this case the targeted phenomenon was identifying as a survivor after being sexually assaulted. Recruitment also occurred through electronic invitations, flyer advertisements, word of mouth, and snowball sampling. Invitations for participation were provided to community

organizations such as, but not limited to, the local Rape Crisis Center, Domestic Violence Resource Center, the local Coalition Against Domestic Violence, community mental health clinics, and local medical clinics. I chose to recruit through these organizations for a number of reasons. These organizations, in particular, have long-term relationships with victims and survivors of sexual assault. Effective referrals and warm hand-offs are important when developing rapport in a short timeframe. As a result of their familiarity with potential participants, organizations referred appropriate candidates for this study so as to reduce the likelihood of re-traumatizing a victim or survivor.

Interested individuals contacted me via email and were then invited to meet with me individually in my private office to discuss the study, and its requirements, in further detail.

Additional participants were recruited, via theoretical sampling, and interviewed to gain more information and elaborate on codes emerging from already existing data. Theoretical sampling is sampling that continues through the data analysis process (Fassinger, 2005) in an effort to build upon and refine the emerging theory through gathering additional pertinent data (Charmaz, 2014). Subsequent interviews with existing participants took place to clarify data and emerging themes, as well as return to existing data to inform future data collection (Charmaz, 2005). Theoretical sampling, and recruitment, continued with the addition of new interview data.

Although recruitment continued throughout the duration of the study, a small sample size was obtained. Because of the sensitive nature of this study, interviews were done in person. This allowed me the opportunity to create a safe space for participants and gauge their affect, intervene if necessary, and be as present as possible throughout the

interview processes. Recruitment existed within a small community, therefore affecting the overall sample size. After having turned away four potential participants because they did not meet the cutoff score the eligibility on the PCL-C Assessment, a total of seven participants met the criteria and took part in two interviews, resulting in a total of 14 interviews. Recruitment continued until the data analysis was complete, but no new individuals expressed interest in participation. Participant information can be found in the following table.

Participant Information

Participant Name	Age	Age of Assault(s)	Perpetrator Type
Paige	21	16	Partner
Marilyn	55	5; 23	Caregiver; Stranger
Angelina	30	18	Partner
Melissa	19	16; 17	Best friend; Acquaintance
Tink	54	16	Stranger
Katie	19	18	Acquaintance
Roxy	22	16	Acquaintance

Introduction to the Participants

Due to the personal and sensitive nature of the content, and the personal experiences shared throughout the interviews, an introduction to each participant is warranted. General information regarding the assault, PCL-C assessment scores, and self-reported personality characteristics for each participant is provided. Although ten persons presented as potential participants in the study, three persons who expressed interest in the study were excluded due to PCL-C scores exceeding the cutoff score, resulting in a final study total of seven participants. The PCL-C assessment ranges in scores from one to 85 with a cutoff score for this study at 29.

Paige

Paige is a 21-year old college graduate who was assaulted by her then boyfriend when she was 16-years old. The assault extended over a six-month time frame. Paige's PCL-C score was 27 at the time of the interview. Paige identified herself as religious, outgoing and enjoys being around people, and talking with and engaging people.

Katie

Katie is a 19-year old college student who was assaulted by an acquaintance at a party when she was 18 years old. Katie scored a 28 on the PCL-C assessment. Katie described herself as being very independent and mature for her age and identified as a feminist. She has two kittens she loves and also reported being very loyal to her friends.

Marilyn

Marilyn is a 55 year-old woman who reported being sexually abused by a caregiver when she was five years old. Additionally, a stranger broke into her home in the middle of the night when she was 23 years old and assaulted her by knifepoint. Marilyn scored a 25 on the PCL-C assessment. Marilyn described herself as natural and holistic and in tune with the environment. She further described herself as a protector and one who works to protect animals and the environment as much as she possibly can.

Angelina

Angelina is a 30-year old woman currently employed in a helping profession. Angelina was assaulted by her partner at the time, and the abuse continued for a two-year period. The first assault occurred when Angelina was 18 years old during her freshman year in college. She scored a 23 on the PCL-C assessment. Angelina described herself as

being a very loving and loyal person. She also reports being driven, determined, and hardworking.

Roxy

Roxy is a 22-year old woman who was assaulted when she was 16 years old. Roxy and her friend were intoxicated and assaulted by an acquaintance while housesitting. Roxy also reported having an emotionally and physically abusive ex-girlfriend for approximately three years prior to the assault. Roxy's PCL-C assessment score was a 28. Roxy stated being very passionate about many topics and can also be hardheaded and stubborn at times.

Melissa

Melissa is a 19-year old woman and was assaulted by her then best friend and subsequently assaulted a second time by an acquaintance. Melissa scored a 17 on the PCL-C assessment. Melissa stated she has always been interested in psychology and identified herself as both an introvert and an extrovert. Melissa described herself as being loyal and balanced, but stated it is also dependent upon the situation she is in.

Tink

Tink is a 54-year old woman who was assaulted by a stranger at the age of 15. She was assaulted outside, at night, and by knifepoint while walking home from the corner store. Tink reported being assaulted a second time by a man she began dating immediately after the first assault. She scored a 28 on the PCL-C assessment. Tink described herself as being goofy, easy going, insecure, and a definite people-person.

Data Collection Methods

Interviews

Selected participants were invited to take part in two, video and audio-reordered, in-person interviews and two opportunities for member checking via email. Participants were provided with a copy of the informed consent via email and given an opportunity to read it over and ask questions for clarification before making their final decision as to whether or not they wanted to participate in the study. During the first interview I introduced my interests in this area of research, as well as limitations in confidentiality, participants' rights, and freedom to withdraw from the study at any time with no consequences. Once the participant read and understood the information provided in the informed consent and signed the agreement the assessment tool was administered, followed by the data collection portion of the first interview. Participation within all interviews was suggested, but not required. Data obtained from each interview provided the researcher with invaluable information about each participant and her journey to becoming a survivor after being sexually assaulted. Interview protocol for both interviews can be found in Appendix B. Interested individuals contacted me via email and we scheduled the first interview. All interviews occurred in my private office, with the door closed to ensure participant confidentiality. Most interviews were scheduled within a week from initial email contact.

The first interview began with a discussion exploring my interests, the scope of the study, expectations, and answering potential participant questions. We then moved into a review of the consent form. Participants were given the opportunity to read it over and come prepared with questions they may have. After the consent form was signed

participants were screened for appropriateness using the PCL-C, a PTSD assessment (found in Appendix E). If a participant did not meet the screening requirements she was given a packet with community resources and referrals. If a participant met the screening requirements, she was also provided with a list of community resources, then we continued with the second half of the interview. The remainder of the first interview was semi-structured and consisted of general, open-ended questions with the primary focus of establishing trust and rapport. First interviewed ranged from 45-55 minutes in length. This time was used to create a safe environment and open relationship between the participants and myself. Questions during the first interview were focused on getting to know the participants in greater detail and less about the assault she experienced. Participants were aware of the structure of each interview so they knew what to expect and could prepare themselves appropriately, if necessary. At the conclusion of the first interview we scheduled a 90-minute time slot for the second interview. Second interviews usually occurred within a week of the initial interview, although one interview was scheduled three weeks later because of holidays and traveling considerations.

The second interview was also a semi-structured interview and ranged in length from 50 to 85 minutes. This interview explored the details of each participant's experiences and interpretation of the assault(s) in greater depth. To gain a better understanding of each woman's experience, I believe the development of a trusting relationship, before exploring these areas, was vital to the well being of each participant. Additionally, a trusting relationship allowed for a more open and candid dialogue about their experiences. Areas explored during this interview included emotions and experiences after the assault, both positive and negative, interpretations of the event,

support (or lack thereof), changes within oneself over time, and details about their journey from the time of the assault until the present. The semi-structure of the interviews allowed the participants to include information not included in the protocol they deemed significant to their process. At the end of the second interview I thanked participants and revisited the emails they would receive from me regarding member checking and gathering additional information.

Transcription and coding of data began immediately. As soon as an interview was completed I began transcribing that evening. During the time periods between interviews I was actively recruiting new participants, transcribing and analyzing already collected data, and comparing data through constant comparison methods.

Once open coding was complete the data was organized to represent codes specific to each participant. This information was shared with an expert to discuss trustworthiness and confirm analysis. Participants were then invited to examine the analyzed data via member checking (Savin-Baden & Major, 2013). During member checking, themes from data analysis were presented to research participants via email for additional information or confirmation regarding the accuracy of the analysis (Charmaz, 2014). Participants were sent the analysis of open codes for their interviews and encouraged to provide feedback and engage in a focused discussion regarding the trustworthiness of the emergent themes. This process was used as an opportunity to clarify ambiguity and ultimately create a more comprehensive theory from the additional input provided. All seven participants agreed to being emailed the preliminary analysis and five provided a response for member checking. Five confirmed the interpretation and analysis of the codes and one participant provided new information stating she has begun

counseling. This new information was used to further support the phases identified within the theoretical process that emerged from the data.

Data Analysis Methods

With grounded theory research, data analysis occurs simultaneously with the process of data collection (Merriam, 2009). Grounded theory methodology offers an increased focus by analyzing data as it is being collected (Charmaz, 2014), therefore allowing the researcher to identify areas for further exploration and theoretical sampling. An analysis of transcribed interviews and data provided via researcher journal are compared and utilized to formulate themes and influence the direction of the research. Coding, expert debriefing, and participant feedback were used to inform categories and phases for accuracy. Coding within grounded theory is the method of identifying what the data is representing (Charmaz, 2014). Through the process of coding, the researcher is able to define what is occurring within the data and can then begin to conceptualize what the data is representing. Codes are identified and consolidated to create a comprehensive story about the data and its relationship between and among emergent themes.

Open Coding

The purpose of open coding is to define what the data represents (Charmaz, 2014), by analyzing the data at the beginning and being as open to the stories within the data as possible. Categories related to conditions, actions and interactions, and consequences explicating the phenomenon of interest were identified (Strauss & Corbin, 1998). Open coding was the initial analysis of the data from the transcribed interviews. Large sections of data were examined to organize and conceptualize information. This process is used to section data into broad theoretical components and used to inform

further analysis and coding. During open coding the researcher asks questions such as: “*What is this data a study of?*” (Glaser & Strauss, 1967) and “*What do the data suggest? Pronounce? Leave unsaid?*” (Charmaz, 2014). Open coding was used so that larger themes were then identified and ultimately a codebook was created (Hays & Singh, 2012). The initial codebook was refined as the data collection and analysis continued by consolidating and collapsing broader themes. The search for theory began with the first line of the first interview and continued with line-by-line analysis of the data (Bernard & Ryan, 2010) to identify significant themes, recurring terms, and conditions under which the phenomenon existed.

Line-by-line coding is the process in which the data is separated and analyzed by section. This method allowed the researcher to be taken into and interact with the data, and identify new potential leads to explore. Because I was staying close to the data, rather than analyzing larger chunks at a time, I was able to gain perspectives that may have otherwise been overlooked, thus offering an opportunity to review the data with a new perspective by focusing on smaller and more detailed segments of information (Charmaz, 2014). Analyzing larger chunks of data, particularly during early stages of coding increases the risk of generalizing data and creating codes and themes too soon. Because of its detailed nature, line-by-line coding is particularly helpful when analyzing data that describes the complexities of real-life experiences and processes.

Line-by-line coding occurred with each interview, followed by the comparisons of categories and themes from other interviews, thus providing additional information to fill gaps in the data. Once an interview was transcribed I immediately began line-by-line coding of the data, looking for action words and common themes within the data. As the

line-by-line coding continued with subsequent interviews, summarizations, comparisons between participant experiences, and notes suggesting possible emergent themes were made for future reference during the comparison of data.

Similarities among codes within and between participants were examined after line-by-line coding was complete. This allowed the researcher to identify common experiences, as well as the differences, on a broader scale within the data. These various experiences influenced theoretical sampling (Charmaz, 2014) by narrowing the participant focus, changing inclusion/exclusion criteria, incorporating different interview questions, etc.

Open codes were first organized within the interview transcriptions, thus allowing for easy reference at a later time. Once both interviews were transcribed and analyzed via line-by-line coding the open codes were organized by participant, providing the information used for member checking. After the participant-specific open codes were established and sent via email for member-checking, I then reorganized the open codes by common characteristics, such as personality traits, counseling, etc., and arranged the codes based on frequency. The organization of open codes, along with the frequency of each developed the framework to identify emerging themes within the data. The open codes were debriefed with an expert and then shared with participants via member checking to provide clarity and additional information and to inform the analysis of axial codes.

Axial Coding

Axial coding is an intermediate method of coding that provides a structure for reducing ambiguity through providing a more in-depth analysis of the data (Charmaz,

2014). Overarching themes identified from open coding were grouped and organized into larger categories, thus creating a more concrete connection between codes already identified within the data. As stated by Bernard and Ryan (2010), codes that may be related within larger more inclusive data are grouped together under conceptual categories. Constant comparison occurred throughout the analysis process and continued through the development of comprehensive theories, categories, conditions, consequences, and interactions (Bernard & Ryan, 2010; Charmaz, 2014).

According to Hays and Singh (2012), axial coding is used to refine the codes identified during open coding by collapsing them into larger categories. Axial coding examined relationships within larger categories to better understand what the data are revealing while identifying emerging themes to develop a theory. Themes that emerged from the data began to resemble a theory during the stages of axial coding through the identification of patterns, processes, and sequences of a particular phenomenon. Axial coding focused on the development of a major category, therefore taking previously collected data and building larger categories through the organization of smaller codes and creating connections by piecing the data back together (Charmaz, 2014).

Axial coding began once the codes from open coding were identified and placed into larger categories. Based upon the categories and frequencies developed from the open coding process a framework for axial coding was created. Throughout this process I compared initial codes against existing data to consolidate the open codes. Through the consolidation of open codes axial codes were identified, creating a more comprehensive explanation of the data and connections between the data began to form. A preliminary map of identified axial codes was developed in an effort to illustrate relationships and

processes between codes. This preliminary map was used in the theoretical coding process to identify the emerging phases within the data.

Theoretical Coding

After codes were consolidated into larger categories through constant comparison and placed into a map theoretical coding occurred. This method of coding was used to explore and analyze relationships between phases, adding clarity and accuracy to the data, thus creating a more comprehensible understanding of how the themes relate to one another (Charmaz, 2014). The processes, patterns, and sequences identified through axial coding were used to generate a larger concept, or theory, of the identified phenomenon (Hays & Singh, 2012). Theoretical coding was used to analyze relationships between categories and conditions, and to create a theory that described the phenomenon of interest (Charmaz, 2014).

Through the use of theoretical coding, I gathered the codes identified through axial coding and mapped them into a diagram to begin to understand the relationships among and between the emergent themes. I also condensed larger themes into more theoretical and analytic concepts and identified phases among participant processes (Charmaz, 2014). This higher level of coding integrated the already existing codes to develop a more comprehensive and analytic story about the data. When done correctly theoretical coding synthesizes the larger categories from axial coding and sharpens the focus, allowing the emergent theory and theoretical direction of the data to become increasingly apparent. Reflecting back on existing categories, and participant feedback, I tested these new themes against existing data and themes, focusing on the presented data to decrease the risk of personal bias (Charmaz, 2014).

The ultimate goal of theoretical coding is to tell a story through the relationships amongst the categories and transform them into a more fluid and emerging theory (Charmaz, 2014). The preliminary map of axial codes was used to inform the theoretical coding process. Through expert debriefing, the codes were pushed forward to identify relationships between categories and ultimately identifying phases. Categories were combined and phases were identified representing a process map based upon emerging data from participant experiences.

Theoretical Mapping

As a result of the theoretical coding a theoretical map was developed using the emergent phases to explicate the process of identifying as a survivor after being sexually assaulted. The map incorporated conditions, or events that represent certain situations, related to an identified phenomenon using Strauss and Corbin's (1998) six-component framework for grounded theory. Through the use of a visual, the relationships between phases can be identified; therefore providing a clearer understanding of the process alluded to from the analyzed data. The theoretical map ultimately incorporated each code within the data to speak to the experiences and processes of each participant.

Researcher Journal

I used a researcher journal to document my thoughts and process my personal experiences at the conclusion of each interview, and throughout the analysis of data to record relationships, themes, patterns, etc. Memo writing, within Grounded Theory research, is used to ensure researcher reflexivity (Fassinger, 2005), identifying significant events and/or ideas and thought processes that informed the directions and outcomes of

the study. Journaling and memo writing were done to maintain transparency throughout the development, implementation, and analysis of the study.

The method of journaling was important for a number of reasons. Firstly, as the researcher, I am involved in the data collection and analysis processes. Being reflexive in my experiences with my participants, and their narratives, allowed me to identify the ways in which their stories spoke to me and the ways in which that influenced my interpretation of the data. My personal interpretations are important, but they should not inform the analysis without incorporating participant subjectivity. My training as a mental health counselor has equipped me with the ability to interpret non-verbal communication as well as identify certain areas for further exploration during interviews. For these reasons, journaling was used as a method of bracketing my subjective interpretations of participant experiences. Bracketing is a method in qualitative research to preconceptions about the data (Tufford & Newman, 2010). In addition to bracketing my clinical judgments and interpretations of participant interviews, I also used the researcher journal to identify differences among participant experiences, such as relationship to perpetrator. These differences were significant in that the circumstances under which the assaults occurred varied, therefore representing differing experiences and processes from identifying as a victim to becoming a survivor. Secondly, proper self-care allowed the researcher to continue working with reduced risks of harm, such as vicarious trauma. The topic of sexual assault can weigh heavily on those involved, whether an individual has had primary or secondary exposure. Processing my emotions at the conclusion of each interview allowed me to continue ethical and effective research, as well as identify times I may have needed to take a break from the data. Lastly, my

observations were used to inform data analysis, future directions for data collection, bracket and become aware of my biases, and clarify ambiguity within the data.

The information gathered during the initial interviews (researcher observations, participant narratives, and journal entries) was reviewed and used to inform the ways in which the second interviews were approached. New areas of exploration emerged after reviewing the interview transcript that may not have been included in the following interview protocol, such as further inquiry about the lack of identifying the assault as rape. In addition to information that was added to subsequent interviews, follow-up questions were included were used to explore differences in participant narratives. These follow-up questions informed the relationships between conditions and categories within the larger theoretical process.

Positionality

The process of navigating an experience such as sexual assault can be a very personal and sensitive journey. The meaning of such an experience is unique to the individual, thus constructed through the reality from which that particular individual exists. As stated by Savin-Baden and Major (2013) one's reality is a construction of the meaning that is placed on an experience, therefore it is most beneficial to explore the experience from the individual's perspective to fully understand the impact of that particular experience.

Working as a licensed mental health counselor as well as a prevention educator has led me through an interesting journey. My work, more recently, has focused primarily within the realm of sexual assault, both from a counselor's perspective as well as from a primary prevention standpoint. Although counseling can be a more reactive approach

than prevention education, I feel as though both roles are complimentary in the sense that they allow me to see the fuller spectrum of the existence of violence and its effects.

Considering my background and influences to pursue this particular area, my research interest lies in how women construct their reality and place meaning to their experience(s) after an assault. Additionally, I am interested in exploring how these experiences shape unique coping styles. Through my interactions with both clients and friends I have seen individuals struggle for many years after an assault while others continue with their daily lives without disclosing having been sexually assaulted.

In addition to my professional experience with sexual assault, I have 18 years of personal experience. I have friends and family members who have disclosed their assault to me; some in confidence while others were not. I have witnessed the immediate aftermath of a violent sexual assault at the age of 11 and experienced the emotional turmoil inflicted on the victim and her family. It is my personal experiences with sexual assault that have influenced me to research this topic in depth. My desire to comfort and validate victims/survivors is both a strength and weakness I possess; and was acknowledged and kept at bay throughout the duration of this study. Although experiences can be similar, the ways in which an individual conceptualizes an assault can be vastly different; therefore I relied on the data to emerge, thus creating a more inclusive and validating story of each participant's experience. My researcher journal became an integral factor in my ability to maintain objectivity and trustworthiness throughout the data collection and analysis processes.

As the interviewer and researcher, I acknowledge the possibility of participants altering their stories. Sharing instances of weakness and vulnerability can be a rather

arduous task (Brown, 2012), and may influence the accuracy of a participant's narrative. Therefore it was important that I presented myself as the interviewer and not as a mental health counselor, which had the potential of creating a power differential and determine the relationship throughout the duration of the study. There were times when participants approached the initial interview as if it were an intake or screening process; at which point I referred them to the provided resources and redirected the dialogue.

Trustworthiness

To increase credibility and trustworthiness, I incorporated various emergent themes within subsequent interviews and explored these areas during subsequent participant interviews. This helped to continue the analysis of themes while being provided with additional thick data and personal experiences to create a richer and more comprehensive understanding of moving from victim to survivor. Data collection and recruitment continued throughout the duration of the study (Bernard & Ryan, 2010). The recruitment timeline was extended an additional two months, and recruitment methods expanded to include additional community and mental health centers in an effort to increase participation rates. Although recruitment continued throughout the duration of the study, a small sample size was obtained. Participants were provided with the first round of analysis to review the data and provide additional feedback, thus increasing transferability. Transferability refers to the extent that findings can be transferred to other settings based on similar characteristics (Creswell 2013).

Feedback was obtained via member checking and incorporated into axial coding and ultimately influencing the theoretical codes, ultimately creating a preliminary theory. Five of the seven participants responded to the member-checking email stating that the

open codes accurately represented their experiences explored within their interviews. One participant responded and provided additional information that was not relevant during her two interviews; she stated she had begun counseling after our time together to work through her victimization.

A second round of member checking took place at the conclusion of the theoretical coding analysis phase. Participants were sent the theoretical map via email and asked whether the diagram represented their process to survivorhood. Three participants responded to the email. Two participants asked for clarification surrounding terms and context supporting each phase. All three participants stated the theoretical map reflected their experiences in journey in the aftermath of the assault to where they are now.

Focus groups were not utilized within this study for a number of reasons. Some of the participants never disclosed their assault; therefore focused-groups may have resulted in an unwanted disclosure. Participants' anonymity and personal privacy were of high priority throughout the study. For these reasons a focus group would have not been an appropriate choice.

To ensure dependability (Lincoln & Guba, 1985) the entirety of the research process was documented via researcher journal and interview notes. An audit trail represented the process, step by step; justifying the researcher's decisions and provided information if changes were made at any point. Expressing my thought process and assumptions also increased confirmability; the researcher's ability to remain neutral throughout the analysis processes. Dependability and confirmability promoted research trustworthiness throughout the data collection and analysis processes.

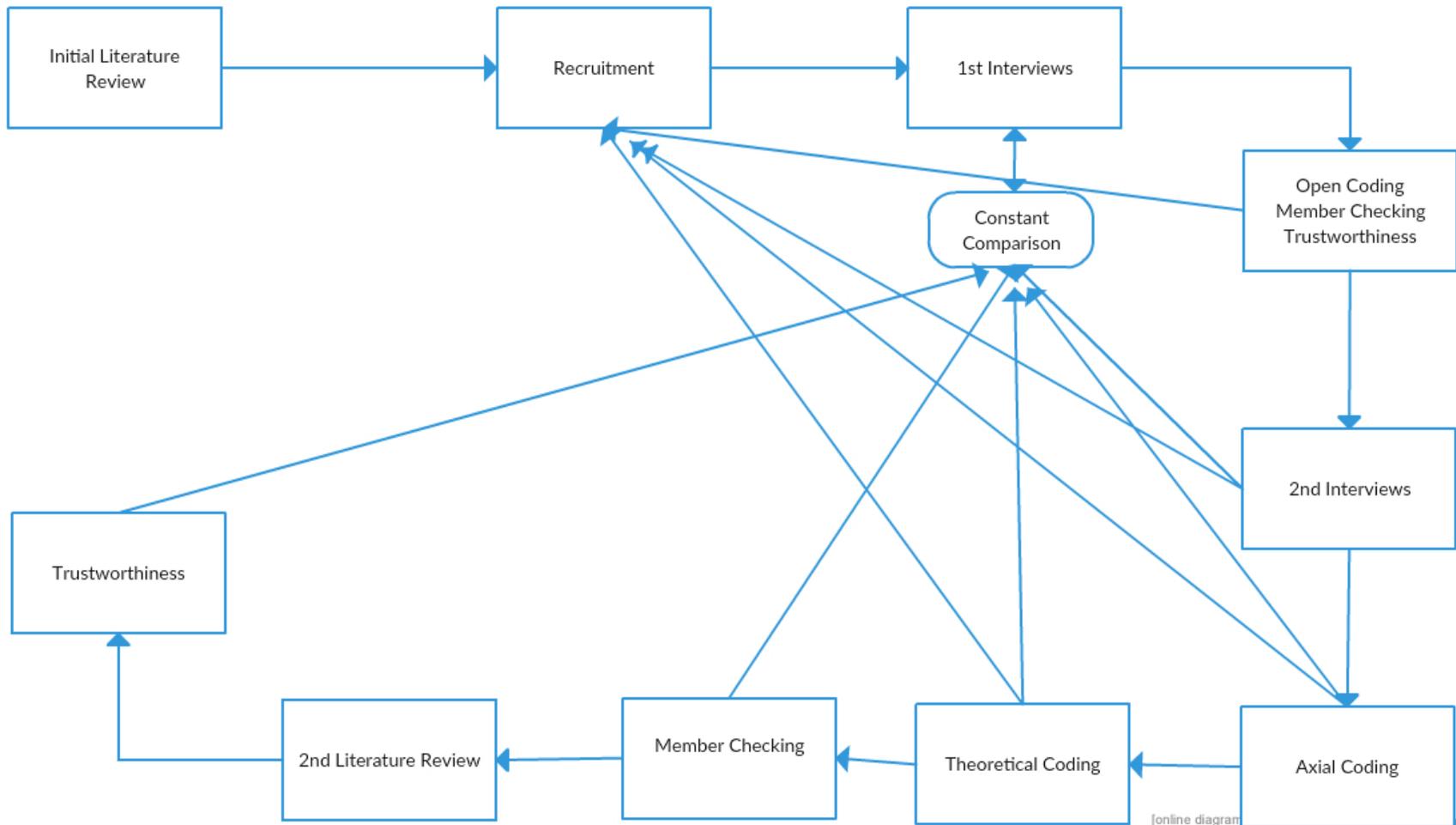
In addition to the use of my researcher journal to document my reflexivity and bracket assumptions, member checking, and the use of an audit trail, I consulted with two experts throughout the analysis process to increase trustworthiness. I debriefed with one expert after the open coding process was complete, prior to sending participant-specific codes for member checking. We discussed process-oriented data analysis and ways in which to approach the next levels of data analysis. I consulted with a second expert after axial coding was complete and we discussed the development of theoretical codes and the theoretical map.

Data Analysis

The data analysis diagram provides a visual for the steps taken throughout the data collection and analysis process. The initial literature review provided the foundation for this study. The phenomenon of identifying as a survivor after being sexually assaulted was identified as the area of interest and recruitment then began. The first rounds of interviews occurred and data analysis began immediately after the first interview was recorded and transcribed. To increase trustworthiness I consulted with an expert once open coding was complete. Open codes were then sent out to participants via email for member checking and additional information was used to inform subsequent analysis methods. Throughout this process I was actively recruiting new participants. Throughout the collection of second interview data I was comparing open codes with other codes, as well as emerging themes with existing and new data. Data from the second interviews, in addition to member checking information, was used to consolidate themes through axial coding. Throughout the axial coding process recruitment and constant comparison of data continued. Theoretical coding pushed the axial codes into a more process-focused

analysis, thus creating the theoretical map. The axial and theoretical coding was discussed with a second expert to discuss ways in which phases were related to one another and developed the organization of the theoretical map as a result of these relationships. The theoretical map was sent to participants via email for a second round of member checking, yielding three responses from participants. The information provided by participants was used to inform theory development as well as a second literature review. The second literature review supported new data that emerged throughout the study. The information provided within the second literature review was discussed with an expert to determine the completeness of the literature to support the emergent themes and phases within this pilot study.

Data Analysis Diagram



Summary

My interest in researching the processes of becoming a survivor after experiencing sexual assault has been influenced by both personal and professional factors. Using qualitative research methods allows me to explore individual accounts on a more personal level. Specifically, social constructivist grounded theory provides the opportunity for participants to tell her story, particularly how she has interpreted the assault and the subjective meaning each woman has placed on the experiences.

Data was collected and analyzed through grounded theory methodology. Based on the ways in which data are analyzed, themes present within the transcribed interviews, researcher journal and memos were identified immediately and was analyzed throughout the research via constant comparison. Multiple levels of comparisons existed through inter and intra interviews; therefore participant data was compared with other participants and within subsequent interviews with the same participant. Analysis began immediately with open coding, upon receiving data from initial interviews. At the conclusion of the first interview I documented my thoughts and experience in my researcher journal and transcribed the interview data. Once the interview data was transcribed it was then analyzed through line-by-line coding and compared with interview data that was later collected and transcribed. Common themes were identified and placed into broader categories through axial coding. These broader categories were also influenced by participant feedback in subsequent interviews to ensure trustworthiness and more accurately inform emerged theories. Through member checking, participants were provided with the initial codes and asked to examine them for its accuracy in depicting their narrative. Member checking was done via email and participants were given the

opportunity to provide electronic feedback. Information obtained, via member checking, was used to inform subsequent interview questions and additional levels of analysis. Axial codes were consolidated into theoretical codes, thus informing the process being explored.

CHAPTER 4: RESEARCH FINDINGS

The purpose of this study was to explore the process among women to identifying as a survivor after experiencing sexual assault. This chapter provides the findings as reported by participants in this study. The description of data is used to provide an understanding of each participant's journey to identifying as a survivor after experiencing sexual assault. The design used for this study allowed for data collection through personal narratives, therefore participants were able to provide information they felt was important to their journey. Through multiple levels of analysis, themes and phases emerged from the data capturing each participant's process, thus suggesting key factors that influenced their journey to identifying as a survivor after being victimized. The emergent themes and phases of identifying as a survivor were: identification as a survivor, conceptualization of the assault, barriers to the healing process, coping mechanisms, disclosure, and community. Although each theme is represented independently of the others, themes may appear to share common concepts and build upon each other; thus a certain amount of overlap is to be expected. The findings presented include a discussion of the six theoretical themes that emerged from the data, an exploration of the labels participants used to identify their assault(s), as well as a theoretical map explicating the healing process and identification of survivor.

Theoretical Phases

The emergent phases identified in this study are structured using Strauss and Corbin's (1998) six-component framework to represent a theoretical process within grounded theory. The core category, or phenomenon, represents the central theme of the research. Causal conditions denote the events that influence the identified phenomenon.

Contextual conditions refer to circumstances in which the phenomenon exists, therefore providing an understanding of the variance within this condition. Intervening conditions affect the causal conditions. The action strategies are methods for managing the phenomenon, and ultimately resulting in consequences.

Core Category: Identification as a Survivor

As part of the requirements for participation within this study, each woman had to identify as a survivor of sexual assault. Participants shared their experiences and process to identifying a survivor after being assaulted. Tink explained, “What I say is that I was a victim, then I became a survivor, and now I’m a thriver. So it does it definitely makes you stronger and you fight harder to be ok.” Roxy shared her interpretation of being a survivor, “I feel, it it [sic] never goes away, but I feel like you can heal from it. I do, I feel like I am healed.” Participants shared the specific factors that contributed to their process from to survivor, including their conceptualization of the event, barriers, coping skills, disclosure, community, and ultimately identifying as a survivor.

Causal Condition: Conceptualization of the Sexual Assault

In the aftermath of the assault, participants described the various ways in which they understood and identified their experiences. Misconceptions surrounding date and acquaintance rape created confusion for participants (Koss, Gidycz, & Wisniewski, 1987). Additionally, the stigma, guilt, and shame associated with being a victim of sexual assault created additional layers of misunderstanding and confusion. Paige described her understanding of the assault as confusing:

And I think I was probably really confused. I remember I tried to talk to him but he didn’t understand either so both of us were like we don’t understand like what

happened but we both feel like this horrible feeling about it so a lot of confusion too.

In addition to Paige's initial confusion around what happened to her, she struggled with the reality of sexual assault within her relationship. For Paige, understanding sexual assault is more common than she originally thought changed her perception of relationships and the way she lived:

Then so when it happened it was like this big like 'what the heck, this isn't the world I live in this isn't like this doesn't happen to me.' Surely it doesn't happen to me it doesn't happen in relationships.

Eventually Paige was able to come to terms with what happened, but struggled with accepting the reality of sexual assault in the context of relationships.

Katie spoke of a different experience:

So I mean I was never the girl anything like this was ever suppose to happen to I was always there for the girls that it happened to. And then what was worse which was like I couldn't tell anybody, like I I [sic] wouldn't tell anybody it took me a long time for me to even admit to myself what happened rather than 'oh I was drunk I just you know, it happened, no big deal.'

For Katie, being a feminist and an activist helped her to work with and support victims of sexual violence. When she found herself on the other end of the situation, she also struggled with coming to terms with what happened to her. In an effort to alleviate this dissonance, Katie minimized the experience by telling herself it was no big deal and justifying it by saying she was drunk.

Further, Melissa spoke of a friend's help in understanding what happened to her:

Yea once I talked to a friend cuz [sic] he's umm comes from a family of psychologists and his sister works with rape victims and he was like umm Melissa no that's legally considered rape and so after that I still don't particularly like calling it that just because it didn't feel as much as an it felt kind of more my fault than his.

Melissa's friend was able to put her experience into perspective for her. Although she understood what she went through, she chose to not call it rape. Additionally, Melissa continued to struggle with feelings of guilt and self-blame that stemmed from her experience. These feelings of confusion were similar for Roxy. Roxy discussed her thought process following the assault:

Umm so at first and I think this happens to everyone that I talk to who has been raped or sexually assaulted, umm is you don't realize that that's what happened. You, uhh particularly because we were so intoxicated I wasn't sure if I had consented and it wasn't until much later that I was like no that was definitely rape.

For Roxy it took some time before she realized she had been assaulted. She also acknowledged her struggle to initially identify it as assault.

Angelina offered a different understanding of her experience:

But I never did consider myself a victim and didn't even label what happened to me as rape. I actually never even use the 'r word.'

For Angelina, the label "rape victim" did not resonate with her. Although she recognized what happened to her as sexual assault, she continues to not identify it as such. Angelina stated the terms "victim" and "rape" carry such heavy implications, therefore she avoids relating to either label.

Participants were able to identify what they experienced as sexual assault, although each journey varied. Confusion, guilt, misconceptions, and stigma prevented participants from being able to identify the assault after it occurred. For some, reconstructing their perceptions of what constitutes sexual assault was challenged and ultimately changed. Confirmation from an outside person and time away to gain clarity also influenced participants' ability to identify their experience(s) as sexual assault.

Contextual Conditions: Barriers to the Healing Process

Barriers to participants' healing processes were presented in a number of ways. Shame and guilt prevented participants from seeking support from others, including friends, family, and professionals. The various ways in which barriers to the healing process were presented all provided additional layers of hesitancy in seeking help and reaching out to support systems.

For Paige, her religious beliefs created a barrier. Paige stated:

Um it's definitely changed my view of how religion talks about sex and this like very strong desire to fix that umm just because that like I feel like if I hadn't had that religious aspect I probably would have gotten help a lot earlier umm so it just kind of reframing how I look at that.

Paige's understanding of sex through her religious upbringing resulted in ambiguity and ultimately delayed her willingness to seek the appropriate support and help. Through this she identified an obstacle and fostered an interest in addressing it.

Katie described her barrier as the social stigma following her experience of sexual assault:

Umm as a woman I've definitely you know it brought home everything that I've been saying and like you know society says we can't say it or like umm you know umm society blames the victim and things like this and things that I knew and would preach you say and then I realized that in a lot of way I was too scared to tell my friends because I didn't want them to think you know I was the girl who claimed rape at the party or things like that so as a woman and as a person I guess I really umm it really was the first time I had experienced what I had known other women had experienced.

Although Katie was known in her high school as a feminist and activist she struggled to advocate for herself after the assault. Katie's struggles developed from the stigma that is associated with being labeled as someone who "claimed rape" and the residual distress that can occur.

Stigma and religious upbringing were not the only barriers presented by participants. Some participants described internal barriers that served as a blockade as part of their experience. For example, Tink discussed the self-blame she felt following the assault:

Well I punished myself for a long time because unfortunately at that time in my life I was that was my schema you know that was my thing. If something bad happens to you you're being punished for something and there's a reason why and so I umm as a teenager not long before this happened I thought it was really fun to tease I thought it was really fun to get a guy rawled up and just go hahahah you know.

Tink fought with the belief that she was being punished for her actions, therefore placing the blame and responsibility of being assaulted on herself. This influenced how she later moved through the process of identifying as a survivor due to her own struggles with determining her level of responsibility for the assault. In addition to her feelings of self-blame and guilt, Tink discussed the skepticism expressed by the doctor conducting her forensic exam following the assault. Tink stated:

Including the asshole doctor that didn't believe I was a virgin. He stuck his finger inside of me and pressed down right where my hymen had just been torn.

Not only did Tink believe she was assaulted because of her previous behaviors, thus increasing her sense of self-blame, but the formal service personnel she interacted with immediately following the assault did not believe her report and intentionally inflicted pain to an area that was damaged during the assault.

For some participants barriers did not occur immediately following their experience. Sometimes barriers were perceived due to the reactions of those with whom they disclosed to. For example, Melissa's barrier was the result of a disclosure. Melissa stated:

And then the police officer I had to directly deal with was an ass and the entire time he was accusing me of being not the perpetrator but saying like oh you're just making this up you're a little liar I don't know why I am wasting my time with you. And so finally I was like you know what and I'm like I don't want to deal with this anymore can you please just drop the charges. And I'm like can we please just drop this, please.

Melissa's disclosure to her teacher resulted in an unwanted report to the police, her mother, sports coaches, and other teachers. As a result of the investigation by the police, her friends were interviewed and made aware of what occurred. Melissa decided to recant her story in an effort to not pursue criminal charges and an investigation that has unintentionally begun. Melissa described what she learned from her initial disclosure:

Umm definitely learned that's why the second time I never went to the police because I wasn't going to deal with that again.

Melissa's experience influenced her decision to not report her second assault to authorities. Therefore, her negative experiences acted as a barrier in a later assault.

Fear was another factor influencing whether or not participants sought help. Fear was expressed in various forms, such as fear of the attacker returning to cause additional harm, fear of getting in trouble, and fear of not being believed by others. Tink noted:

I was afraid. Immediately after I was afraid because umm because I thought that he might come after me and kill me.

For Tink, being assaulted by a stranger, at knifepoint, on the street seemed to have greatly affected her sense of safety. Consequently, her fear affected her daily functions, such as going to school and taking public transportation. The not knowing what comes next also appeared to influence her reaction, including fear that this was potentially just one experience in a longer cycle of violence.

Roxy discussed a different type of fear, that of getting into trouble from other acts she engaged in prior to the assault.

Umm honestly I would have told someone sooner if I didn't think I would have gotten in trouble because of underage drinking.

For Roxy, the implications of her age and other actions lead her to fear reporting and disclosing the assault. Because Roxy was intoxicated when she was assaulted her friends did not believe her and instead thought it was drunken sex that she later regretted.

Additionally, Roxy wasn't sure whether or not she consented because she was intoxicated even though she remembered saying "no" and tried to pull him off of her friend.

Recovering from sexual assault can be a lengthy and emotional process. Barriers to the healing process not only make it difficult for a victim/survivor to heal, but it can have implications for navigating future assaults and receiving the appropriate support and services to expedite the recovery process. Barriers included fear, religious beliefs, not being believed, and the shame, guilt, and stigma that is associated with being labeled a victim of rape.

Intervening Conditions: Coping Skills

Participants discussed the ways in which they coped in the aftermath of the sexual assault and throughout their journey. Coping skills were presented as both maladaptive and adaptive methods. Maladaptive coping skills can be seen as ineffective and leading to increased vulnerability, self-blaming cognitions, and avoidance coping strategies while adaptive coping skills facilitate healthy and supportive networks (Littleton & Breitkopf, 2006). For those participants that utilized maladaptive coping mechanisms, there appeared to be a period of realization that these coping skills were not functional for who they were or wanted to be following the assault. This period of realization allowed them

to adjust their coping strategies to engage in more adaptive coping strategies for the future.

Maladaptive Coping Skills. Maladaptive coping skills were presented in the form of anger, excessive drinking, unhealthy relationships, avoidance, and isolation. For example, Paige stated:

Um and for a while there I was in my like attempts to numb it out I would drink a lot and be with a lot of people which didn't help anything so now I've gotten to a place that's not something that's like a barrier in my relationships at all and that's a good place to be in.

For Paige, drinking and becoming involved with various people were used as means to escape her emotions and remain numb to the experience. This also influenced future relationships, which could potentially be problematic as she reported that understanding and conceptualizing relationships was an area she struggled with following the assault. Paige discussed moving towards healthier methods of coping after realizing her current methods were ineffective.

Marilyn spoke of her different maladaptive coping methods, working as a stripper to claim a new identity following the assault:

I reacted from it. I got involved in some very dark things because of it. I didn't have good counseling. You know back then that long ago I just you know I tried to get back on my feet and I at night I would go and strip, you're the only one I've ever told that to. And I made a lot of money but I only stayed there 30 days I couldn't justify staying there. You know I cut my hair off trying to shed that

person that that happened to. I was trying to recreate myself so she would have to deal with that not me.

As one can see, Marilyn struggled in the aftermath of her assault; therefore she tried to escape from the person she was in an effort to avoid addressing what happened. This, however, appeared to only serve as a shield, and she was not fully able to process who she was or wanted to be after having this significant experience.

Angelina also reported avoidance tactics but through isolating herself from friends and family so as to avoid addressing the abuse she was experiencing in her relationship:

Well it was hard to experience I guess. I umm [sic] shutdown and withdrew from friends and family. I stayed home a lot and walked on eggshells so as to not you know do anything that would be questionable, whatever the hell that means.

The abuse from Angelina's relationship caused her to withdraw from her support systems. Withdrawing served a second purpose for Angelina at the time; she isolated herself in an effort to not further upset her abusive partner. The cycle of abuse Angelina experienced led her to believe withdrawing herself from family and friends would improve the state of her relationship. This process of withdrawal increased her sense of loneliness. Eventually, Angelina was able to identify his behaviors as unhealthy and leave the relationship without disclosing the two years of abuse she endured.

Participants utilized coping strategies available to them at the time in an effort to reduce, and avoid, negative feelings. After the assault participants' lifestyle and ability to cope with everyday stressors was not enough. Therefore participants turned to alternative

methods of coping. These methods of addressing, or avoiding, the trauma associated with sexual assault presented in the form of maladaptive coping skills.

Realization. Participants were able to identify their maladaptive coping skills as ineffective and turned to more adaptive coping methods. This realization can be seen as a pivotal step in each participant's process of identifying as a survivor. For Roxy, this turning point occurred when she realized there was nothing anyone else could do to improve her situation. As Roxy stated:

Then I was also very angry that like no one went and beat him up or anything and I couldn't do it myself because I was so weak at the time. And I told my father about it and he also has anger issues I guess and all he said to me is "I'll take care of it". And it was weird because at that moment I didn't want him to do anything I didn't want anyone to do anything because I knew that wouldn't fix the problem so I guess that was like kind of ahh the turning point umm that kind of helped me to heal actually is I felt like nothing had been done but honestly there was nothing to be done about it anymore.

Roxy then took to her own methods of healing to address the assault. Her feelings of guilt surrounding her inability to protect both herself and her friend during the assault lead her to eventually become involved in Kung Fu. Roxy reported Kung Fu as being life changing in a number of ways. She became physically stronger and more confident in her ability to protect herself and others. In addition to the physical benefits of practicing Kung Fu, the discipline Roxy has learned has made her a more empathetic person towards others.

Angelina's realization differed from Roxy's in that she wanted to move on from her experiences rather than continuing to struggle with the negative emotions that followed the assault. Angelina stated:

And see it is an experience where I can learn from it. I don't I don't [sic] sit there and dwell on it or feel sorry for myself or sit in a negative space with it and so just think about it and move on and continue.

Angelina's ability to identify the space she was in as negative and undesirable allowed her to make the necessary changes for her to continue with her life. She was able to address her emotions in that negative space and then move on from them.

Similarly to Angelina's thought process, Paige discussed her reluctance to remaining stagnant in a negative space:

I think I've always been a pretty strong willed person since I was born, but I think like the experience we're gonna talk about definitely contributed to that and it also contributed a lot to my desire to not stay stuck in some sad state since like I'm naturally like a happy, optimistic person.

Paige identified the sad space she was in as not aligning with her core personality characteristics. This realization encouraged her to utilize more adaptive coping mechanisms to return to her happy and optimistic self.

Each participant was able to identify her current maladaptive coping skills as being unhelpful or ineffective. At this point, participants had a decision to make: continue down their current trajectory or explore and implement alternative coping mechanisms. Utilizing different coping skills may require participants to address their circumstances rather than reverting to avoidant tactics.

Adaptive Coping Skills. Participants moved from maladaptive coping skills to more adaptive and healthy methods of coping after these periods of realization. Adaptive coping skills were reflected in a number of ways, such as utilizing creativity to express emotional processes, physical activity, and engaging with others in the form of support groups, counseling, and support systems. The ways in which individuals cope with trauma vary; some reached out to others for support while others found ways to utilize their coping skills independently. Incorporating adaptive coping skills allowed the individual to explore their strengths and use them as protective factors.

Katie discussed how her assault influenced her journey to a healthier lifestyle:

Umm yea I mean I definitely think it was kind of a turning point in my life for me. So I think it was probably one of the more, as horrible as it sounds, the more meaningful experiences of my life because it changed a lot of things and I really think I'm living a much healthier life now. Umm but then I mean at the same time if I could do it all again and not go through that and still be partying today and have never experience that I'd probably prefer that.

Katie was assaulted while she was intoxicated at a party; therefore she made the decision to change her lifestyle following the assault. Katie noted she now lives a healthier lifestyle by not drinking and does not enjoy the party scene as she once did. Although she reported finding meaning and becoming healthier, Katie stated she'd prefer to have never been assaulted even if that meant continuing to party, and drink, to this day.

Paige was able to move out of her sad space by sharing her story and communicating her emotions. Paige discussed the value she found in talking about her assault and expressing herself:

Um and I think going to counseling always stuck because I didn't understand why people wanted you to go like I didn't understand how talking about it was beneficial at all back then. And now I see even if you're just sharing stories there's value in knowing there's other people with your story... And that was so great because I don't it's not like a conversation it's a story, depending on who you were telling it to. Um so that's been really helpful and yea, writing has been the best I mean there's so much stuff that I have written down in all these different places and they're all gonna be different reflections of what it's been like to go through it. So that'll be cool to look back at it.

Paige found comfort in sharing her story with others through a number of outlets, including counseling, journaling, and online platforms such as blogs and support groups.

Tink discussed her ability find comfort in writing about various traumas she has endured throughout her life. Tink stated:

Well maybe umm what I can say about that is that I learned umm I like to write. And I wrote I I [sic] have several books sort of in process umm and so I one of the books I worked on is called umm blessings in disguise. And so that's probably the biggest thing that I've learned from all the traumas in my life is that umm you can always make something good out of something bad.

Tink used writing as a way to process her traumas, therefore recreating her experiences. Through writing and reflecting on her life, Tink was able to find the meaning, or "blessings in disguise". Thus, writing became an outlet of self-expression and reflection, as well as an effective method of coping for Tink.

Reframe. Changes were a significant factor that emerged throughout the analysis of the data. For some, these changes came in the form of altering their understanding about what constitutes sexual assault, including prevalence rates. Lifestyle changes were a prominent underlying theme that also emerged. Across all these changes, the idea of a “reframe” pervaded these experiences. Reframe is defined, for the purpose of this study, as one’s ability to reconstruct meaning to their experiences, in this case sexual assault, to evoke more effective coping skills and problem-solving strategies (Guterman, 1992; Rudes & Guterman, 2007). Participants positively reframed their negative experience(s) in such a way that promoted support and advocacy efforts and allowed them the opportunity to connect with others who may have had similar experiences. Participants were able to find meaning through their experiences and develop a greater sense of appreciation for oneself.

For Angelina, she identified what happened and understand it isn’t as uncommon as she initially thought. These realizations provided Angelina with both validation and the closure she needed to continue moving forward:

Now I look back and know now like what really happened. I’m able to look back and think to myself, yep that’s what it was. Just being able to understand it more clearly, you know? It’s funny I tell my clients validation is important but for me I’m just like well yea it may not be a big thing to call it was it is, but it’s been able to bring me some bring me [sic] peace I guess. Or maybe just some closure. I’m not sure what it is, but it’s I think it might just be like some clarity.

Marilyn shared the reframe she used to understand her assault experience:

Umm what has been most impactful is maturing just getting knowledge you know. Helping other areas that advocate for women, helping to get a better understanding of what happened to me that it's so common that it's almost like so I'm glad, I'm not glad for the experience, I'm glad it made me who I am so I can help those that can't help themselves right now.

Marilyn was able to understand the commonness of sexual assault and learn more about abuse. Additionally, she reported using her experiences to advocate for women and support those in need. Although what Marilyn went through was traumatic and emotionally taxing, she identified how her experiences have influenced the woman she is today.

Similarly, Paige discussed the reframe she underwent in the following statement:

I feel like I've become a lot more compassionate towards other people that have stories and cuz I definitely had that lens of oh it has to be violent to be an attack so I learned a lot about that.

Paige battled with the misconceptions of what constituted sexual assault. Not only was she able to redefine her definition of sexual assault, but she also developed an increased sense of empathy towards others and an appreciation for people's stories. Through her experience, Paige was able to find meaning. Paige further noted:

That's my interpretation that it's used for good even though it wasn't good, you know.

Although being sexually assaulted was a negative experience for Paige, she was able to reconstruct her meaning and use her experience for good.

Roxy's interpretation was a little different than other participants:

Yes when I was 16 it just felt like this was a shitty thing that happened to me and now I feel like that was a shitty thing that happened to me and I will make myself better because of it and I will help others because of it.

Roxy acknowledged the assault as being a negative experience in her life, but was able to reframe it in a way that allowed her to grow from it. Not only was Roxy able to become a better person as a result of the assault, but she was also able to help others as a result of it.

Similarly, Tink mentioned:

Even if it's just having the ability to be more empathetic for people I meet that are suffering with some other issues. Who knows, but I do know that umm we can we can [sic] make it out of bad for sure.

Tink used the traumas she has experienced as a way to become more empathetic and connect with other people.

Participants continued to identify the assault as a negative experience in their lives, but were able to reconstruct its meaning and find a purpose through it. Participants used their experiences of being a victim of sexual assault to relate to others in a way that they may not have been able to connect prior to their experiences. Reframing their negative experiences encouraged participants to become more altruistic, thus using their experiences to benefit others.

Action Strategies: Disclosure and Community

Disclosure. Disclosure, in its various forms, served a plethora of purposes to the participants that had been sexually assaulted. Disclosure can lead to legal action, support and validation, as well as denial and disbelief. For some participants, choosing to not disclose the assault was beneficial to their process.

Melissa discussed how barriers she previously experienced influenced her willingness to disclose the second time she was assaulted. She stated:

Umm but pretty much I told my closest closest [sic] friends who I knew could keep a secret uh the truth and then also it's like I'm sorry I needed attention or I made up some excuse of why I did it and if my mom ever brought it up I just ignored her or walk away or change the subject or something.

In the midst of the criminal investigation Melissa recanted her story, leading her mother to believe she lied about being assaulted. Melissa described her first disclosure as a negative experience, thus influencing her decision to disclose the second time she was assaulted to a limited number of people. Although Melissa experienced negative reactions to her initial disclosure, by both formal and informal support systems, she still disclosed her second assault to others. These negative reactions to disclosure affected Melissa's willingness to report her second assault to authorities, but was able to obtain support and validation from her friends.

Contrary to Melissa's experience, Roxy found validation in her disclosure to her mother. As Roxy stated:

I mean it didn't feel like it was ok at the time but after she said that the realization that this happens to so many people and we're fine kind of helped me to cope with it and I for a while I felt you know dirty I had like there was something wrong with me that I couldn't get rid of so like you know whenever I get a boyfriend or something I have to disclose like what feels like a really awful secret.

Roxy was able to find validation in knowing sexual assault is not as uncommon as she originally believed. Therefore, reducing her feelings of isolation and creating a sense of

universality through her disclosure. Although Roxy's disclosure experience was positive and supportive, she still identified the assault as feeling like an awful secret.

Further, Angelina had a different experience with disclosing her assault. She shared her reasoning for not disclosing and the ways in which she found that to be beneficial:

I didn't and still don't want to tell anyone because I don't want to have them worry about me or feel bad or anything like that. I'd feel so much guilt for causing them pain even though I didn't do anything wrong. Keeping it to myself allowed me to be selfish I guess. That way I didn't have to talk about it or acknowledge it when someone else wanted to talk about it. I could ignore it when I wanted to and I could address it myself when I wanted to. There was no agenda or timeline. It was just me and my thoughts.

For Angelina, disclosing would have acted as a barrier creating additional guilt. Through not disclosing her assault to anyone, Angelina had the opportunity to heal on her own terms. While there are both positive and negative reactions to disclosure, Angelina's experience suggests there may be advantages to not disclosing. Her decision to not disclose allowed her to navigate her healing process when she was comfortable doing so rather than addressing the issue when others may have inquired about her emotional wellbeing.

Disclosure, or lack thereof, resulted in both negative and positive reactions. Participants were able to navigate their personal healing processes through validation and identifying effective methods for healing. Individuals that experienced negative reactions

as a result of their disclosure were able to use that experience and make more informed decisions after being assaulted a second time.

Counseling. Not all participants sought counseling after their assault. Of the five participants that sought mental health services presented with different issues; some attended counseling for the assault(s), while others sought counseling for related issues such as anxiety and depression rather than directly addressing the traumatic event. For those participants that identified counseling as being effective discussed feeling heard, having the opportunity to share their story, and feeling validated.

Roxy sought counseling, although the assault was not the motivating factor for her:

And so I have actually never been counseled for this, I I [sic] recently started to seeing a counselor once I got here but it nothing having to do with sexual assault.

Roxy began counseling recently, but did not disclose the assault to her counselor. Instead, Roxy began counseling for issues related to the assault: depression and anxiety. When she presented with anxiety and depression in counseling her counselor did not pursue the conversation any further or provide an assessment to screen for traumatic life events. Having done so may have addressed issues that go beyond symptomology of trauma.

Paige described her experience in counseling, identifying her counselor's reactions to her story as being validating:

Yes, I think counseling gave me validation that it was real which I probably needed more so than just people saying it. You know like a certified person saying no I believe you this is real whatever you want to do and I think that was

scary because I didn't know what I wanted to do so yes counseling I mean I don't know I guess it just gave me that validation that what you're feeling is real.

The validation offered by the counselor was instrumental in Paige's process of healing, and identifying as a survivor. She was given confirmation from someone she respected, professionally. This validation influenced the lens Paige used when thinking about sexual assault. Initially, Paige experienced confusion regarding sexual assault within relationships and she struggled with the shame and guilt around sex she interpreted from her religious upbringing. Therefore, the validating response from her counselor allowed Paige to separate herself from the barriers she was experiencing.

Katie shared her counseling experience:

I don't think I let myself consider it rape until my therapist said that you know it was probably rape and then you know I really did some self-reflection and was like I didn't want to have sex that night.

Katie minimized her assault after it occurred. Similarly to Paige, Katie found validation from her clinician. After receiving the validation from her counselor Katie gained clarity regarding what happened to her.

Tink discussed the value she found in counseling:

Umm so I think that I had the wonderful opportunity, like I said, to have individual and group counseling and so I think well and then too support groups can feel like counseling and I think just umm being validated. Validation is huge umm I've had some good counselors, I've had some bad counselors. Definitely the good counselors are the ones that validate and acceptance you know, just umm acceptance, validation, and I think that you know you hopefully you're not just

blindly in counseling but you're soul searching you know you're looking for yourself.

For Tink, being in both individual and group counseling settings was beneficial. These settings provided her with the opportunity to share her story and not internalize her emotions. Sharing her story with others allowed her to relinquish the negativity she had carried with her. Additionally, counseling provided Tink with validation and support.

For Roxy counseling provided an opportunity to address her presenting symptoms associated with the assault, her depression and anxiety. For other participants that attended counseling, it provided something more than alleviating presenting symptoms. Counseling offered a safe place to be heard and, more importantly, validated. While participants struggled to identify their assault as sexual assault, their counselors were able to validate their experience and confirm their experiences.

Community. Through their disclosure, participants' sense of isolation was reduced. Understanding the common misconceptions of sexual assault, particularly date and acquaintance rape, provided validation and universality. For some participants, those that they disclosed to turned around and disclosed their own assault, thus creating a sense of community and support.

As Roxy noted:

Umm cuz [sic] I had I didn't know anyone who went through anything that I did ahh but as I gotten older my roommate actually umm has been raped and sexually assaulted cuz [sic] so I was raped and I had been sexually assaulted three times umm and finding someone else who understood so well she also had she actually has a lot of post traumatic stress associated with that that I don't have.

Roxy found support and a sense of belonging from her roommate. Together, they were able to navigate difficult times and encourage one another. Learning of her roommate's past assault helped in reducing Roxy's feelings of isolation and shared in her journey with her roommate. Roxy also found support and a sense of community from the positive reactions she received from her mother, who works in a mental health profession. Roxy's supportive network facilitated a sense of community that was conducive to her process of becoming a survivor.

Paige described a different form of community where she was both an active member and an observer:

Um I definitely got plugged into a lot of like online writing spaces like you're so worth loving and I would read blogs from other people and hearing them say the same thing no matter how minor like their incident was, whether it happened one time or multiple times whatever it was that was so encouraging to me. Even if they were at the end of it they were like like [sic] I'm not out of this it still sucks that was so encouraging.

Paige found inspiration and support through an online community. People were able to share their stories, successes, struggles, and ultimately impart knowledge and instill hope onto its readers. Although Paige did not share her story through online networks she was able to develop a sense of connectedness with other survivors through various online communities.

Although Angelina did not disclose her assault, she was also able to experience a sense of community. Angelina stated:

I feel like being able to connect with the people I work with and it may be beneficial for them but it's been really helpful for me. I've been able to learn from them and that really motivates me to become a better person and finding my way to heal from inside. I don't even know if I answered your question. Umm how I've been able to change is really understanding that what I went through isn't as rare as we think it is and that there are a lot of other people out there who feel the same way I do in terms of being isolated or feeling isolated. And so when I work with people whether on an individual level or scale bigger than that I don't need to share my experience with them and I don't answer me that's crossing the line but when I work with them and they told me something I can genuinely say I understand. And sometimes that connection I make with them the looks they give me they know exactly that I understand.

Angelina's sense of community came from her work with others. While she has never disclosed being sexually assaulted, working with other survivors and understanding the prevalence of rape reduced her feelings of isolation. Similar to Paige's experience, Angelina did not have to share her story with others to experience a sense of connectedness and belonging amongst other victims and survivors.

Being sexually assaulted and identifying as a victim of assault can carry heavy consequences. Fear, stigma, guilt, shame, and isolation are common reactions in the aftermath of an assault (Miller, Canales, Amacker, Backstrom, & Gidycz, 2011). Participants were able to develop a community, or sense of community, to support them and reduce the negative reactions in the aftermath of being assaulted.

Partnership. Partnership was not identified by all participants, but played a significant role in moving forward for Katie, Roxy, Marilyn, and Angelina. For some participants, this allowed them the opportunity to explore their sexuality in greater depth while others learned to develop trusting relationships and become comfortable being intimate in a safe and healthy relationship. Katie discussed her current partner:

Yea my boyfriend that I live with now he's he's [sic] really great uhh but I mean it was probably six or seven months before we had sex and even then it was very difficult so. And I mean we're good now we've worked it out but he's had to be there for a lot.

Katie sustained physical damages as a result of her assault. She stated struggling with being intimate following her assault but worked with her current partner to become more comfortable and open to sex.

Roxy shared a similar experience:

What really helped was having a significant other who's very comforting about that so there are some occasions and this is rare but it does sometimes happen particularly when things are brought up again for whatever reason.

For both Katie and Roxy they were able to work through trauma-related symptoms, such as panic attacks, with their current partners. They identified their partners as being supportive and understanding, therefore creating a safe space for each of them to navigate being intimate in a healthy relationship.

Marilyn shared her partner's influence in a different way than Katie and Roxy had experienced their partners' support:

The partner I have currently we can have conflicts sometimes but we work it out. Part of it is a cultural thing, differences, you know clash a little bit. Umm but he's taught me a lot and he's my protector.

Since her assault Marilyn stated she is not interested in sex anymore. Therefore Marilyn's partnership is based on intimacy without sex, support, respect, and security. Marilyn stated her current partner has increased her sense of safety and belonging within their relationship through understanding the trauma she has experienced and being supportive of her and patient with her for over 10 years now.

Further, Angelina shared a different experience with her partners:

I've become a lot more comfortable within my sexuality. Things I would have never thought about doing before are now on my list to explore, or I have already explored. With this new territory though comes a lot of other things like trusting my partner, communicating clear boundaries, and feeling safe with them. So I guess that all kind of translates into my openness to being vulnerable and placing a lot of emphasis on trusting my partners. It's not something I do with everyone, there really haven't been many people I've been comfortable enough with to explore certain things, but just the fact that I've begun doing that is huge. I was always more on the conservative side but now I'm more concerned with developing trust and safety with someone.

Although Angelina did not identify as being in a monogamous relationship, she did speak of changes with her sexuality and the ways in which her partners attributed to her

increased sense of empowerment. For participants that identified as being in a relationship, their current partner was identified as instrumental through their journey.

Having a supportive and understanding partner helped participants through their journey. For some, partnership was helpful in learning how to be intimate again while others learned how to negotiate conflict and be in a healthy and respectful relationship. The validation and support from partners can be seen as an extension of community, although not as a replacement.

Consequences: Altruism

Through participants' understanding of the reality of sexual assault and their increased empathy emanated a sense of self-enlightenment and strength that led to altruistic behaviors. Participants felt more connected to other victims and survivors and ultimately wanted to do more to advocate for others. Participants discussed career choices and changes in their life's purpose in the aftermath of their assault.

Tink discussed her desire to help others who have experienced trauma. She reported:

I think that umm especially for people who umm I guess that's why I wanted to get into counseling and working with people because is umm people just open up to me really easily and so for someone umm who is in a vulnerable position I think those types of people would particularly appreciate that.

Tink stated being interested in becoming a counselor and working with individuals that have been affected by sexual violence.

Angelina described her ability to connect with others who've experienced trauma in their lives. Angelina stated:

So and I think what did it for me was not only did I want to help people but once I started doing it I noticed that I can really connect with them in a way that I wasn't sure if it was good to be able to and I think that's what it that's what was like the initial barrier for me. I was really worried that I wasn't going to be effective and what I do or what I did but experiencing true empathy from the work that I do every time I interact with someone who's been through some really traumatic events has been really powerful and moving for me. I feel like being able to connect with the people I work with and it may be beneficial for them.

Angelina works in a mental health field and changed her major in college from biology to psychology following her assault. She identified her empathy and ability to connect with those she works with as having a significant impact in her life.

Paige discussed a change in her career path as a result of her assault. Paige stated: And so it changed everything for me. It changed what I wanted to do with my life it changed what I was going to study. I didn't know it then but now it has changed everything. Back then I wanted to work in nonprofits in like South America. And it's completely taken over that you know.

Paige's interests and focus in school changed after she was assaulted. Paige stated she became interested in going to law school and becoming an advocate for other victims of sexual assault.

A reduced sense of isolation, increased connectedness, a renewed meaning in their lives, and empathy motivated participants to seek ways in which they can give back to others. For some, this was in the form of a new career path while others became interested in advocacy efforts. Positive outcomes and an increased sense of self were

reported in all seven participants, therefore supporting the existing literature on posttraumatic growth and providing a sense of hope for victims and survivors, Thus, as a result of identifying as a survivor of sexual assault, participants were more likely to want to engage with other victims and survivors to provide support services and advocate on their behalf.

Identification of Assault

Through constant comparison it became evident that the ways in which participants labeled their experience(s) of assault varied. A complete breakdown of terms, with narrative data, can be found in Appendix D. Although each participant met the formal definition of rape, identifying it as such was oftentimes not the case. Instead, participants approached labeling the assault from three perspectives. The three identification categories are: the use of the word “rape;” the use of the word “the” in addition to words associated with rape and sexual violence; and lastly, the use of words unrelated to sexual violence and rape.

Category One: Use of the Word “Rape”

Throughout the interview process two participants described their experience as having been raped, therefore making a direct connection to each of their experiences.

Both Tink and Roxy used the word “rape” when discussing the assaults.

I was raped:

Tink described her assault by clearly identifying it as rape:

I was a virgin when I was raped so...

Tink identified her assault as rape. There may have been other implications influencing her use of the word “rape”, such as being a virgin when she was assaulted, as well as

being assaulted by a stranger at knifepoint, thus aligning with rape myths. Tink's assault was reflective of the strongly held belief that sexual assaults are violent and perpetrated by a stranger in the dark. This common belief system may have influenced Tink's understanding of the event and labeling it as rape.

I have been raped:

Roxy used the label "rape" when discussing her thoughts on disclosing to future partners:

Whenever I get a boyfriend or something I have to disclose like what feels like a really awful secret. Like I have been raped and umm it feels like baggage that's not your fault but people might view it as that.

Roxy identified her experience as rape and also described the negative consequences of being assaulted, such as carrying baggage. Additionally, Roxy reported the perceived stigma from others after disclosing the assault.

After I was raped:

Roxy identified her assault as rape again. She discussed the guilt and shame she experienced after not being able to protect her friend and herself from the perpetrator.

Roxy stated:

I was never able to defend myself and after I was raped actually I really wanted I felt so guilty because it was both my friend and I that had been raped.

Related to Tink's experience, Roxy may have also had extenuating circumstances that motivated her to label her experience as rape, such as both her and her friend being assaulted that night.

Tink and Roxy both clearly identified their assaults as “rape”. While the small sample size does not provide enough information to develop inferences around the ways in which participants clearly identified their assaults, it does suggest an area for further exploration. Both participants’ method of labeling their experiences remained consistent throughout each interview.

Koss et al. (1987) conducted a study exploring the ways in which women identified various renditions of sexual perpetration. They found that 54% of women reported experiencing sexual victimization based on the results obtained from the “National Survey of Inter-Gender Relationships” self-report questionnaire. This questionnaire identifies behaviors and experiences related to sexual victimization rather than directly labeling an event as sexual assault or rape. An example of a related behavior involves asking if the individual has given into sexual intercourse when they didn’t want to because they were overwhelmed by a man’s pressure? This description suggests coercion, but does not clearly identify the behavior as sexual assault. These results suggest further information is needed to understand the motives behind labeling an assault as such or using other terms. One suggested offered by Koss et al. (1987) states that the legal definitions of sexual assault and rape are not inclusive of all behaviors, such as coercion or non-violent assaults. Therefore, Tink and Roxy may have clearly identified their assaults rape as a result of minimal ambiguity, such as a violent stranger attack for Tink and multiple victims for Roxy.

Category Two: Use of Related Terms

The second category for identifying the assault involved the inclusion of words associated with sexual violence, but in a less direct manner than the first category.

Participants labeled their experiences by beginning with words such as “the” and “minor”. The use of these words represented a distancing from their experience.

The sexual abuse:

Marilyn discussed her limited memory of the abuse she experienced as a child.

Marilyn stated:

I mean I have the one [memories] the parts I remember with my grandparents but then afterwards when the sexual abuse happened it's just gone.

A caregiver sexually assaulted Marilyn when she was five years old. Although Marilyn has many joyful memories of living with her grandparents when she was younger, she does not have a clear recollection of the assault that occurred.

The attack:

Roxy noted drinking again and being in a vulnerable state with her current boyfriend following the assault. Roxy labeled the assault as “the attack” in this context.

Roxy stated:

That changed when I met my boyfriend though so he he [sic] allowed me to drink for the first time when I was 21 after the attack happened.

Although Roxy identified her assault as rape, she also used other labels, such as “the attack”. After being assaulted Roxy did not drink alcohol again until she was 21. She addressed her hesitance and concerns about drinking with her current partner. Eventually, Roxy was able to feel safe and supported enough in her relationship to drink alcohol again for the first time in five years. Roxy discussed her ability to feel vulnerable around others and develop a trusting and safe relationship with her partner after being assaulted.

Minor sexual assault:

Katie reported using the label of “minor sexual assault” to minimize the assault.

Katie stated:

Because like you know the fact that I want to downplay it and be like oh it’s just me being like like [sic] a minor sexual assault or something maybe not quite consenting or things like that.

Katie identified what happened to her as sexual assault, but tried to downplay the assault by labeling it a minor incident. In addition to minimizing her assault, Katie expressed her confusion surrounding whether or not she did in fact consent that night.

The use of words such as “the” and “minor” can be seen as a way to create distance between the individual and the experience. Although participants identified their experience as sexual assault, the ways in which they labeled the experience varied. Labeling the assault with terms related to sexual assault and violence, coupled with the use of the words “the” and “minor” appear to be a method of distancing and minimizing their experiences.

Category Three: Use of Unrelated Terms

The last method of identifying the experienced assault used words unrelated to sexual assault and violence. This was also the most common approach used by four participants while discussing their assault. This approach seems to indicate a disconnect between participants’ experiences and the ways in which they talk about their assault(s).

The experience:

Paige labeled her assault as “the experience”. Throughout the interviews with Paige, she identified the assault with terms unrelated to sexual assault or violence.

I think I've always been a pretty strong-willed person since I was born, but I think like the experience we're gonna talk about definitely contributed to that.

Paige discussed her ability to find grounding in her core personality characteristics to assist in her recovery process.

The first one:

Marilyn referred to the assaults in the order in which they occurred. Marilyn stated: "So the first one I might have been younger than five but I think I was five."

Marilyn was sexually abused as a child, but does not have concrete memories of those events. Although Marilyn reported the abuse occurring over an extended period of time, she consolidated those events into one experience, thus referring to it as "the first one".

Also experiencing more than once assault, Melissa described her assault much in the same manner as Marilyn: "Umm the first one was my sophomore year in high school by my best friend." Melissa was assaulted twice, both by people she knew. She also referred to the assaults in the order in which they occurred. When talking about the assaults, Melissa spoke of them nonchalantly through the use of unrelated terminology.

The second time:

Marilyn described the subsequent assault she experienced during her adulthood: "And the second time happened when I was, excuse me, I was about 23 and my son was there". For both assaults Marilyn referred to them in chronological order: the first time and the second time.

Melissa also labeled the second assault in the same way as Marilyn. Melissa stated: "I think from the second one more...." Melissa and Marilyn were both assaulted

more than once and referred to their experienced assaults in the order they occurred. The ways in which they both mentioned the assaults may seem detached, thus creating space between them and the event itself.

What I went through:

Angelina also used an unrelated term to describe her assault. Although Angelina was assaulted multiple times throughout her abusive two-year relationship, she generalized the assault by labeling it as something she went through. Angelina stated:

Umm how I've been able to change is really understanding what I went through isn't as rare as we think it is and that there are a lot of other people out there who feel the same way I do in terms of being isolated or feeling isolated.

In her interview, Angelina reported that she does not identify with the word rape, nor does she use it to describe her experience. While there are other labels to identify her experience, Angelina chooses to use words and phrases unrelated to sexual assault and violence.

It is noteworthy that the interview protocol used the word "assault" when asking about participant experiences. As suggested by Koss et al. (1987) and McMullin and White (2006), individuals are more likely to report instances of sexual violence when the description uses words other than rape or abuse. The definition of sexual assault used for this study does in fact meet the legal definition of rape without the use of the word "rape". Participants did not mirror the language used by the researcher in their narratives regarding their experiences and journey. Instead, participants used their personal preference when labeling the assault(s). The methods of identification used by each participant remained fairly consistent throughout each interview.

Theoretical Map

Based on the theory that emerged through the multiple phases of data analysis, a woman's identification as a survivor after experiencing sexual assault can be viewed as a transition process through various phases of recovery. However, each individual may not experience each phase along her journey. The theoretical map provides a visual of the phases participants may have experienced through their process to identifying as a survivor. The theoretical map outlines these processes by incorporating the theoretical phases that emerged from the analyzed interview data in an effort to represent participant experiences that have led them to survivor identification.

Each phase contributed to participants' end goal of identification of survivor. This process began immediately following the assault through participants' understanding of the assault while navigating ambiguity, misconceptions, and rape myth acceptance. This first step represents understanding sexual assault and one's ability to define their experience as such. For some, clearly identifying their experience as rape or sexual assault involved time and self-reflection while others did not experience as much ambiguity.

Secondly, participants experienced various barriers following their assaults. These barriers influences participant wellbeing, sense of self-blame, and ultimately their willingness to seek help. Barriers were presented in the form of negative reactions from others, both formal and informal support systems, perceived and experienced guilt and shame associated with negative stigma, skepticism, blame, and increased confusion around one's sense of responsibility. Although participants reported experiencing

barriers, they were able to overcome these obstacles and continue their growth and healing.

Coping skills began with more maladaptive methods and eventually moved towards adaptive and healthier coping skills. Maladaptive coping skills varied based on participant. Eventually participants realized their current coping skills (maladaptive) were not effective and changed the ways in which they dealt with their traumas by utilizing more effective and adaptive coping methods. Adaptive coping methods also varied from participant. Some participants found solace in adapting a healthier lifestyle and reaching out and sharing their stories with others. Other participants utilized creative methods of expression, such as writing books and reading blogs for their adaptive coping strategies. Regardless of the method or approach of utilizing adaptive coping, they served to function as an avenue to facilitate positive growth and outcomes for participants. During the adaptive coping stage, participants also positively reframed their experience and identified a desire to use it for good. Reconstructing one's interpretation of a traumatic experience can be used as a valid tool for healing (Anderson & Hiersteiner, 2008). Additionally, reframing an event can be an effective recovery tool by incorporating subjectivity, pluralism, and relativism into an individual's interpretation of their experience(s) (Hall, 2011).

Disclosure resulted in both positive and negative reactions, both affecting a participant's future disclosures and to whom. Participants in this pilot study continued to disclose and share their story with others after experiencing negative reactions to their disclosure, although they became more strategic about whom they disclosed to. Counseling and positive disclosure experiences provided participants with validation and

support. Counseling and positive reactions to disclosure provided participants with an outside and objective lens to view and understand their experiences, therefore leading some to identifying their experience(s) as rape or sexual assault.

Theoretical Map

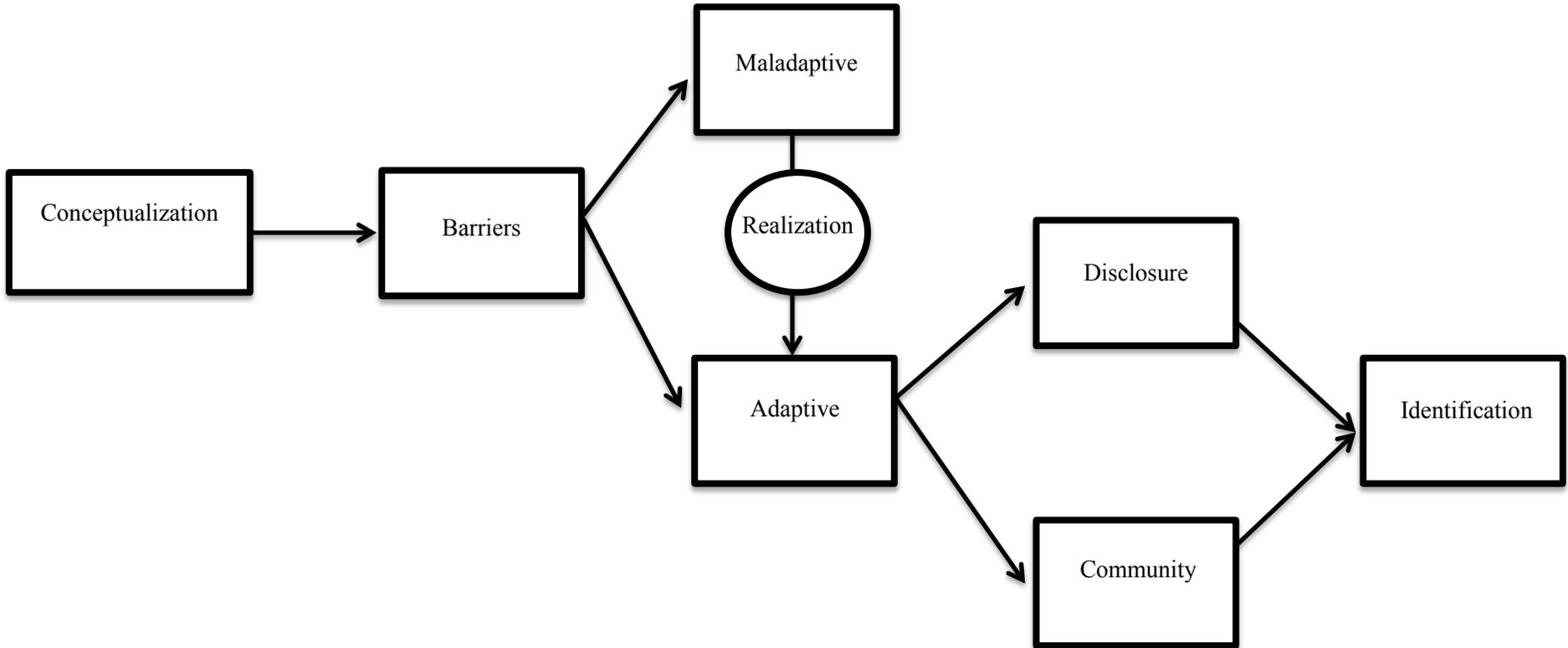
Causal Condition

Contextual Conditions

Intervening Conditions

Action Strategies

Core Category



A sense of community and belonging influenced participants' identification of, and with, survivorhood. Independent of a participant's willingness to disclose, participants reported validation and connectedness with other victims and survivors of sexual assault. This sense of community reduced participants' sense of isolation and loneliness. In addition to an increased sense of universality, participants experienced feelings of hope and positive outcomes through developing relationships with women who have similar experiences. Healthy interpersonal and intimate relationships also provided participants with a sense of belonging and support following an assault.

Ultimately, the process of moving through phases facilitated a sense of survivorhood among participants. Each phase varied in the ways in which participants needed it for their specific healing needs and processes. Additionally, utilizing each phase was not necessary for all participants. Participants used the phases that they deemed effective and beneficial to their process of survivor identification

Summary

This chapter outlined the findings that emerged from the data collected from 14 interviews and member checking from five participants. The findings were analyzed to ascertain what the process of identifying as a survivor after being sexually assaulted entails for women. Six themes emerged: identification as survivor, conceptualization of the assault, barriers to the healing process, coping skills, disclosure, and community.

Participants shared similar experiences along their journey to identifying as a survivor of sexual assault. The process can be seen in the theoretical map provided in Appendix D. Individuals experienced confusion, shame, and guilt oftentimes associated

with being a victim of sexual assault. Participants were able to utilize adaptive coping mechanisms to overcome barriers and positively reframe their experience(s) and connect with and help others. Participants' disclosure and ability to connect with other survivors created a community fueled by support and validation.

Lastly, participants' use of words to describe the assault fell into one of three categories and was explored. Participants either identified the assault as "rape" or "sexual assault," used the word "the" followed by words related to sexual violence, and lastly identifying the assault as an event, such as "the first time" or "the experience." Although each woman understood her experience constituted sexual assault, most participants made a conscious effort to use labels unrelated to sexual assault.

CHAPTER 5: DISCUSSION

The emergent theory suggested from this pilot study provides a foundation to further exploration and understanding of women's process to identifying as a survivor after being sexually assaulted. This chapter serves to provide the reader with an overview of the findings as well as how the current study's findings align with or challenge existing literature in the field of sexual assault and healing processes among women. Limitations of this study are discussed to address areas for further exploration. Gaps that emerged throughout the data analysis are examined and areas for future research and consideration are suggested. Lastly, implications for clinical practice and curriculum development are addressed. This chapter ties together the emerged themes to ways in which clinicians may choose to approach their clinical work with women that have experienced sexual assault.

Summary of Findings

Conceptualization of the Assault

Although research has traditionally been completed under the assumption that labeling an experience as sexual assault or rape is beneficial, conflicting opinions exist (McMullin & White, 2006). Although participants eventually understood their experience as being sexual assault, or rape, their processes varied. For some, labeling the assault as such was a clear and straightforward process. For most participants, they were met with confusion.

Studies have shown many women who met the legal definition of sexual assault did not identify as victims of sexual assault. Koss (1985) found 43% of participants did not consider their experience to fall under sexual assault. McMullin and White (2006)

found 47% of their sample did not label their experience as rape, thus supporting existing literature. Many participants in this study expressed their confusion and misunderstandings of rape, such as the realities of date and acquaintance rape. The ambiguity that exists around identifying an assault as such is a result of the limited scope among legal definitions of rape (Koss et al., 1987), the stigma associated with being victimized (Miller, Handley, Markman, & Miller, 2010), and the lack of knowledge around what constitutes as rape and sexual assault (Burt, 1980) such as coercion and date and acquaintance rape.

As a result of the inadequate methods of defining what constitutes as rape, individuals are less likely to identify lesser degrees of sexual assault as rape (Koss, et al., 1987). Based upon their research, labeling assault with descriptions other than “rape” yield 10-15 times greater reports of sexual victimization. Descriptions such as “Sexual contact by verbal coercion” and “intercourse by alcohol or drugs” provided researchers with new methods of identifying sexual assault that goes beyond simply labeling it as “rape.” As was seen with Paige and Angelina, they struggled with the notion that sexual assault within relationships was a reality. Their misunderstandings prevented them both from accurately identifying their experiences as sexual assault and ultimately prolonged the time in which they sought the appropriate support to aid in their healing process. Melissa also reported her confusion and misunderstanding regarding sexual assault. Prior to being assaulted, Melissa believed a sexual assault was violence and included a physical struggle on behalf of the victim. Consequently, participants’ perceptions of sexual assault, particularly regarding date and acquaintance rape, become unclear as a result of misconceptions.

The acceptance of rape myths may influence an individual's understanding of what constitutes rape, ultimately affecting one's ability to accurately identify an assault (Boakye, 2009; Monson, Langhinrichsen-Rohling, & Binderup, 2000). Rape myths, as defined by Burt (1980) are stereotypes, and false beliefs about rape, victims, and rapists. Rape myths and rape myth acceptance creates a culture that is not conducive to healing (Boakye, 2009) by blaming the victim and questioning the legitimacy of their claims.

Rape myths create misconceptions regarding what constitutes sexual assault. Misconceptions can include beliefs that rape is perpetrated by a stranger and is oftentimes violent, and women can prevent themselves from being sexually assaulted by avoiding provocative clothing and/or drinking too much (Chapleau, Oswald, Russell, 2008). Accepting these misconceptions results in confusion, guilt, and self-blame on the behalf of the victim/survivor.

The data from this current study show participants' initial confusion as a result of their experiences; some struggled to understand the reality of date and acquaintance rape and identify their experiences as such, while others were influenced by victim blaming ideologies. This finding supports current literature regarding rape myths and victim blaming (Burt, 1980). For example, misconceptions around partner sexual assault can obscure a victim's understanding and perception of the perpetration against them.

Barriers

The barriers identified by participants in this study were manifested by the stigma, or perceived stigma, associated with being sexually assaulted. Victims of sexual assault may experience numerous negative reactions as a result of the assault, including internalized guilt and shame (Ahrens, 2006), therefore placing blame and responsibility

on themselves. Additionally, the acceptance of rape myths, such as women's roles and responsibilities in protecting themselves and preventing assault by refraining from drinking, may result in increased blame for being victimized (Miller et al., 2010); because after all society says she should have been able to prevent herself from being assaulted. A study by Vidal and Petrak (2007) found that 75% of women reported feeling ashamed about themselves after being sexually assaulted. The threat of stigma and self-blame associated with identifying as a victim or survivor of sexual assault suggests a maladaptive healing process (Ahrens, 2006; Miller et al., 2010; Miller et al., 2011). Branscombe, Wohl, Owen, Allison, and N'gbala (2003) found that victims/survivors that imagined ways in which they may have been able to prevent the assault directly predicted increased self-blame, thus having negative implications for their well-being and recovery process.

As a result of perceived guilt and shame, individuals may experience internalized shame without receiving adverse responses from others (Weiss, 2010). This perception is influenced by previous knowledge of and exposure to victimization, whether directly or indirectly, and its reactions of disapproval and conviction. This perceived stigma can create additional barriers in the recovery process, such as decreased sense of self and an unwillingness to disclose the assault or seek support and the appropriate services. This can be seen by Paige's hesitation to disclose her assault and the shame she endured as a result of her religious upbringing. Katie also discussed the internalized blame she experienced and the fear she felt if she was to be labeled as the girl who claimed rape at the party. The fear of stigma and internalized blame participants experienced following

the assaults influenced their level of comfort, or discomfort, in disclosing and ultimately seeking the support they may have needed.

In addition to the self-blame and negative self-perceptions following victimization, survivors of sexual assault oftentimes are shamed and subjected to stigma and negative reactions from, both formal and informal, support services upon disclosure or reporting (Ahrens, 2006). The physician that performed the forensic exam for Tink following her assault not only reacted negatively, but his reactions also had deleterious effects on Tink. Tink stated still becoming angry when she thinks about the way he treated her. Formal and informal support services may have significant influences on a victim's overall well-being and sense of self worth in the aftermath of an assault, therefore appropriate reactions and support are vital to the healing process.

Victims of sexual assault can face re-traumatization by the justice system, including responding officers' responses to the report, victim's credibility, and interactions throughout the investigation process (Koss, 2006). This can be seen through Melissa's experience with the officer that was investigating her case. He not only reported not believing her, but also threatened to arrest her for filing a false report when she recanted her story. A survey conducted by Monroe, Kinney, Weist, Spriggs-Dafeamekpor, Dantzler, & Reynolds (2006) found 46% of victims/survivors reported being displeased with police interviews following their report of sexual assault. Therefore, adverse experiences with formal support systems have the potential of re-victimizing, and even re-traumatizing, a survivor. Consequently, the individual may internalize blame and shame and decline further assistance altogether.

It is not uncommon for survivors of sexual assault to rely on their religious beliefs for consolation from crisis and trauma (Ahrens et al., 2010). Although only one participant discussed religion in her interviews, her religious upbringing was identified as a hindrance on her recovery process, thus preventing her from seeking support and services in the aftermath of her assault for fear of blame and stigma. Individuals who have stronger religious affiliations tend to hold more negative beliefs about victims of sexual assault (Nagel, Matsuo, McIntyre, & Morrison, 2005). Incorporating one's religious beliefs and support systems in a way that is conducive to their recovery and self-identity may be problematic, thus creating a barrier rather than a supportive network.

Barriers were experienced in a number of ways: fear of one's safety, fear of getting in trouble, self-blame, shame, and stigma. Doubt and skepticism fueled negative reactions to disclosure, thus preventing participants from disclosing future assaults and seeking services. Barriers were expressed as both experienced or perceived, and had deleterious effects on participants' healing process and ultimately, their identification as a survivor.

Coping Skills

Experiencing a traumatic event can have long-long negative consequences. Survivors are left with the daunting task of learning to navigate life in the aftermath of trauma. The ways in which an individual copes with the stressors of sexual assault also affect their healing process (Draucker, Martsolf, Ross, Cook, Stidham, & Mweemba, 2009). Participants shared various ways in which they coped with stressors following their assault.

Maladaptive. All seven participants reported using various maladaptive coping methods through their process to identifying as a survivor. Littleton & Bretkopf (2006) suggest negative cognition and self-blame are influencing factors in an individual's likelihood of utilizing more maladaptive and avoidance coping strategies. These coping methods were presented in the form of avoidance, isolation, anger, unhealthy relationships, and excessive drinking.

Avoidance-orientation methods of coping inhibit the healing process and increase levels of distress (Draucker, et al., 2009) and are related to lower self-esteem and overall well-being (Neville, Heppner, Oh, Spanierman, & Clark, 2004). These methods include repressing or denying thoughts and feelings associated with sexual assault and withdrawing from social and support networks. Additionally, Draucker, et al. (2009) found that participants used substances as a form of avoidant-coping skills in an effort to repress or minimize their memories of the assault.

Maladaptive coping skills interfere with one's healing process by creating increased feelings of distress. Participants discussed coping methods that were avoidance and isolating. These methods included excessive drinking to numb the pain, isolating one's self, engaging in unhealthy relationships to avoid the pain, and anger.

Realization. Participants eventually altered their methods of coping to more effectively address their circumstances. For some, a renewed sense of philosophical stance may influence their sense of purpose and journey (Tedeschi & Calhoun, 1996); therefore affecting the ways in which they approach experienced barriers. Participants transitioned from maladaptive coping skills to more adaptive coping methods throughout their journey of identification from victim to survivor.

Adaptive Coping Skills. Participants identified numerous methods of coping. Adaptive coping skills included behaviors such as writing, blogging, counseling, physical activities, and connecting with others in support groups. Action-oriented methods of coping, such as reaching out to others and being able to express one's emotions, have been found to be a supportive aid in the healing process (Draucker, et al., 2009). Thus, reaching out to others and sharing one's emotions and experiences, whether in person in counseling or sports or through creative expression, may improve an individual's sense of belonging and reduce self-blame and improve self-perceptions.

Reframe

While the short-term effects of being sexually assault is well documented (Burgess & Holmstrom, 1974), such as anxiety, depression, and symptoms related to posttraumatic stress disorder, understanding those effects in regards to one's healing process is not as well documented. Additionally, understanding an individual's journey to survivorhood outside of a clinical setting can prove to be helpful information those mental health professionals as well as those affected by sexual violence. Thompson (2000) investigated 60 women who were raped, but did not seek professional services, and explored the ways in which their views of themselves and their lives were impacted since the assault. Ninety five percent of the women identified an increased positive sense of self since overcoming the trauma of having been sexually assaulted, thus supporting evidence for posttraumatic growth. Thompson (2000) found themes of empowerment and validation within her research. Sharing their experiences with others was considered efficacious and beneficial to their healing process. Additionally, there is a breadth of literature suggesting self-esteem is related to well-being and self-concept (Baumeister,

1993; Neville, et al., 2004). Lastly, debunking rape myths, and misconceptions, was identified as a tool for healing because it removed the necessity for self-blame and stigma that is traditionally placed on the victim. Thus, making sense of the experienced assault can assist an individual and reduce the blame and stigma.

Through the use of poems, five women share their stories of sexual assault, ambiguous sex, regret, and abusive relationships. These women seemed to struggle with the bifurcated question of whether the assault was their fault or that of the perpetrator's (Loelsch & Knudson, 2009). Each woman told their story, and each one had a difficult time not accepting at least partial blame for their assault. Through their journey of healing, these women were able to place the blame entirely on their perpetrator, gain a sense of empowerment and a renewed sense of self along the way.

Posttraumatic growth postulates that growth is possible in the aftermath of traumatic experiences (Lev-Wiesel, Amir, & Besser, 2004). Sexual assault almost certainly influences a victim/survivor's sense of self-worth. Upon evaluation of their sense of self, individuals reevaluated their current mindset and worked towards mending areas of themselves they viewed as having been damaged as a result of the assault (Draucker, et al., 2009). Additionally, reconstructing and organizing one's self-structure may be accomplished through undoing the hurt caused by the assault and developing new facets of self and experience, thus creating a new sense of empowerment and sense of self (Lev-Wiesel, et al., 2004). Therefore repairing damages areas of one's sense of self reduces self-blame and improves one's sense of self. Frazier and Kaler (2006) state an overwhelming majority of those who experience trauma identify positive life changes.

Reframe was presented in a number a ways for participants. All seven of the women were able to identify their experience as assault and place the blame on the perpetrator and redefine their perceptions of what constitutes sexual assault. A renewed sense of purpose was identified by participants, with altruistic objectives such as becoming an advocate and more compassionate and empathetic towards others. Other participants lived a different lifestyle they identified as much healthier after the assault. Reframing their experience to be able to connect with others and use their negative experience(s) in a positive way was a significant underlying factor in each participant's renewed understanding of their assault.

Disclosure

Not all participants disclosed their assault. Those that did disclose received both supportive and negative reactions to their disclosure. A qualitative study conducted by Ahrens (2006) suggested that negative reactions to disclosures of sexual assault caused women to discontinue disclosure. Individuals that experienced negative reactions as a result of their disclosure also became more strategic and selective about future disclosures (Draucker, et al., 2009). Both Melissa and Katie experienced adverse reactions to their disclosure, therefore influencing their decisions on whether or not to disclose. Melissa's negative experiences with the responding police officer deterred her from reporting the second time she was assaulted. Katie best friend did not believe her when she disclosed to her, therefore Katie decided not to tell any of her friends. A survivor may also experience secondary trauma when confronted with negative reactions, such as victim-blaming, therefore deterring them from seeking further support.

With silencing being a form of powerlessness within society (Ahrens, 2006), disclosure appears to empower victims/survivors and allows them the opportunity to regain their power and control. Participants that received supportive and positive reactions to their disclosure felt believed and comforted. Validation of their experience and a decreased sense of isolation resulted from positive reactions to participant disclosure.

Counseling

Some participants stated they received counseling for issues unrelated to the actual assault, such as for depression or anxiety but did not address the assault with their clinician. Elevated levels of symptoms related to PTSD, such as depression, are predictors for using mental health services (Price, Davidson, Ruggiero, Acierno, & Resnick, 2014). Studies show a small proportion of individuals seek mental health counseling in the aftermath of a sexual assault (Ullman, 2007). For those that did report assault in counseling, the positive and supportive response from their clinicians provided validation and clarity.

Partnership. Being assaulted by a partner, or acquaintance, can have significant implications for one's feelings of safety and trust. Through establishing trusting relationships, regaining trust, being open about one's feelings and concerns, and cultivating a sense of empowerment an individual can begin reconciling traumatic attachment (Leehy, Pretty, & Tenenbaum, 2003). Draucker et al. (2009) found participants sought out new intimate and sexual relationships for love and companionship. In this study participants identified their relationship as an instrumental factor in their growth and development. Sex became a trivial factor in Marilyn's life after

her last assault. Marilyn was able to develop a supportive and healthy relationship with her current partner. Roxy and Katie discussed the fundamental role their current partners played in their ability to relearn intimacy and eventually find enjoyment in sex again. They stated their partners were patient, understanding, and supportive while navigating emotionally turbulent times. Although Angelina did not discuss a partner, she described the ways in which she was able to redefine her sexuality. Angelina's sexual liberation was influenced by her ability to effectively communicate her needs to her partners and develop safe and trusting relationships with them. Participants were able to reconcile the harm caused by their assault(s) through developing trusting and supportive partnerships and discover how to be intimate in a healthy relationship.

Community

Social support has been linked to healing and recovery after experiencing sexual assault (Draucker, et al., 2009). Victims developed relationships with others who also experienced violence, particularly sexual violence. Participants stated these newly formed relationships reduced their feelings of isolation, thus creating a community of survivors and support.

A major factor in growth following trauma is the quality of connection with others (Steele & Kuban, 2011). Survivors of sexual assault are likely to react more positively to disclosures, blame the victim/survivor less, and experience more overall positive changes in the relationship after being disclosed to (Ahrens & Campbell, 2000). Therefore developing connections with other survivors reduces maladaptive coping strategies and facilitates overall well-being and healing.

Validation

Support from family and friends is thought to be more helpful than support from formal agencies, such as doctors and police officials (Ahrens & Campbell, 2000; Ullman, 1996). Participants that reported supportive reactions to their disclosure and being believed were more willing to identify their experience as an assault and had decreased feelings of isolation. Positive reactions to disclosure, such as believing the victim/survivor, listening, and support, contributed to a greater feeling of validation (Ahrens & Campbell, 2000). Participants reported receiving most of their validation from friends and family members, therefore supporting current literature on validation from informal support systems.

Ahrens and Campbell (2000) surveyed individuals that supported friends who had been sexually assaulted. Participants indicated positive reactions to helping their friends, reporting they felt needed and their friend was appreciative. Supporting a victim/survivor of sexual assault can have positive influences on a friendship, such as growing closer (Ahrens & Campbell, 2000), therefore benefiting both parties involved.

Universality. Through sharing their story with others, individuals are able to connect and create a sense of togetherness. Yalom and Leszcz (2005) state individuals report feeling more in touch with the world and describe the process as being in it together. Feelings of isolation and loneliness decrease as individuals affected by sexual violence learn of others who have had similar experiences. Through the creation of a community, participants were able to feel more connected and recognize they are not alone in the aftermath of an assault.

Limitations and Delimitations

Limitations and delimitations exist to a certain degree within all areas of research. Because of low participation rates within this pilot study, additional information is needed to develop a more comprehensive emergent theory exploring the process for women identifying as a survivor of sexual assault. Low participant numbers may be attributed to the sensitiveness surrounding the topic of this study. When working with at risk populations, particularly those that have experienced traumatic events such as sexual assault, risks and limitations exist. These must be addressed and navigated carefully to ensure and promote the well being of each individual within the study.

The exclusion of male participants can be viewed as a major delimitation within my study. I recognize the need for further exploration of men who have experienced sexual violence, but for this study I am interested in the healing process of women survivors. Males and females are influenced differently by societal and gender norms (Fernandez, 2011). Therefore exploring personal experiences of sexual assault in hopes of developing an emerging theory may become nebulous by including, what may possibly be, vastly different experiences, expectations, and stigma. These societal expectations and influences could potentially have considerably different implications for a woman that is assaulted as opposed to a male.

Recommendations

Implications for Research

The low sample size within this study requires further exploration in order to develop a more comprehensive emergent theory explicating the process among women identifying as a survivor after being sexually assaulted. The data collected provided the

foundation for a pilot study and informed areas for further research. This study's findings provide valuable information regarding shared experiences and differences in participant processes and methods of coping. This foundation can be used to further the understanding of survivor identification processes after being assaulted. This knowledge can be used to inform future inclusion and exclusion criteria for a more defined theoretical sampling of participants. Collecting more data can clarify details within the presented process, creating a more emergent theory through the inclusion of additional narratives from survivors.

A delimitation within this study is the exclusion of male participants restricts the data available to the researcher. The exploration of male victims/survivors may provide invaluable information to both the field of counseling, as well as trauma work. As a result of gender and social constructs of gender roles, male victims may experience sexual victimization differently than woman and utilize different coping skills. Societal views and gender norms may add additional layers of complexity, such as addressing one's sense masculinity and power (Weiss, 2010), when working to understand the healing process in male survivors of sexual assault. Furthermore, while male sexual assault is becoming a topic of further exploration, countless male rape myths and misconceptions continue to exist (Chapleau, et al., 2008), therefore creating additional obstacles for both victims/survivors and researchers.

A third implication for future research places its emphasis on clinician response, approach, and treatment methods. It would be advantageous to the field of counseling, as well as other mental health professions, to understand the ways in which practitioners react to experiences of sexual assault. Are treatment modalities that address trauma

constructed in such a way that therapy solely revolves around addressing presenting symptoms? Or is it common practice for a counselor to explore the client's current circumstances in greater depth, such as relationship status? Addressing and alleviating symptoms may be beneficial in that an individual's quality of life may improve, but that approach is grounded in the deficit model. Although the participants in this study reported positive experiences in counseling, their experiences did not go beyond validation. Therefore it is important to further explore the ways in which mental health professionals approach working with clients that report having been sexually assaulted, or present with issues related to trauma.

Relationship to Perpetrator. Five of the seven participants were known to their perpetrators; therefore constituting either date or acquaintance rape, thus supporting current literature that approximately 85% of sexual assaults are perpetrated by someone the victim knows (Chapleau, et al., 2008). Paige and Angelina were both assaulted by their partners at that time. Both women experienced multiple assaults throughout their relationship with the perpetrator. A friend, or acquaintance, assaulted the remaining three participants: Roxy, Melissa, and Katie.

Marilyn and Tink were both assaulted by a stranger, therefore implications for healing, processing, and disclosure, amongst many other factors, may differ from those who were assaulted by someone known to them. Both participants conceptualized the event differently than the remaining five participants and immediately sought counseling for the assaults. Additionally, Marilyn and Tink immediately identified their experience as sexual assault, thus supporting current literature exploring women's willingness to label an assault as such when the perpetrator is unknown (McMullin & White, 2009). It

would behoove researchers to further examine the implications of healing based upon relationship to perpetrator. Differences in conceptualization, barriers, and disclosure may exist when an assault defies what is deemed a “typical” rape. Although Tink and Marilyn had similar experiences, more data is needed before a comprehensive theory and understanding can be identified. Furthermore, additional research should be done to explore whether or not differences in healing processes can be attributed to perpetrator type.

While differences in presenting symptoms have not been found to be significant among women who were assaulted by strangers and acquaintances (Kilpatrick, Best, Saunders, & Veronen, 1988; Koss, Dinero, Seibel, & Cox, 1988), the relationship to the perpetrator affected a victim’s use of the label of rape (McMullin & White, 2006); therefore suggesting that women who were assaulted by strangers were more likely to identify it as rape whereas those who knew the perpetrator were less likely to constitute what happened to them as rape. Therefore two new questions arise; are women more likely to label their experience as rape when perpetrated by a stranger because of the reduced risk of stigma from society (McMullin & White, 2009)? Or does a closer relationship to the perpetrator hinder one’s willingness to identify their experience as rape, or sexual assault, as a result of rape myth acceptance and a lack of knowledge around what constitutes as sexual assault?

Implications for Clinical Practice

As was seen within Thompson’s (2000) study there can be positive outlooks associated with traumatic experiences, such as being sexually assaulted. While working with clients who have been sexually assaulted, it is important for clinicians to be aware of

the different ways in which one places meaning to their experience(s). This concept of meaning making can be used as an effective coping strategy through positive reframe, or reconstruction, of the event in an effort to use the traumatic experience in a positive and productive manner. Therefore, clinicians should allow the client the space and freedom to express their interpretation of the event and how that has played a role in their ability to becoming a survivor.

Participants experienced barriers in a number of ways. Counselors should be willing to acknowledge an individual's strength and willingness to seek counseling services albeit the existing stigma for receiving mental health services. Clients may seek counseling for issues related to an assault, but may not directly disclose the assault. It is the clinician's responsibility to be aware of the warning signs, develop a trusting relationship with the client, and effectively probe to accurately assess and provide the most effective care possible.

Coping mechanisms can be presented in both adaptive and maladaptive methods. Exploring coping skills provides the clinician with the opportunity to discuss the client's construction of meaning. Addressing coping mechanisms can extend beyond alleviating presenting symptoms to the development of an improved sense of self and empowerment.

Although partnership was not an identified protective factor for every participant, it did play a significant role in the healing process for those that did report having a current partner. Participants were able to relearn intimacy and establish healthy relationships with open forms of communication and respect. Understanding and supportive partners increased an individual's sense of empowerment and connectedness. Discussing sexuality and intimacy with clients who have been assaulted may facilitate a

conversation that could possibly be surrounded with tremendous guilt and shame. Because of the negative stigma associated with sex and sexual violence, and the internalized guilt a victim may experience, it is imperative for counselors to address conversations about sex that are free of judgment and criticism. Introducing the topic in an open and welcoming manner may allow the client to explore areas within themselves they have repressed since being sexually assaulted. Additionally, including supportive partners in the therapeutic process may improve prognosis by developing a sense of teamwork and collaboration between the client and their partner.

Participants experienced both positive and negative reactions following their disclosure. In addition to the reactions received, participants disclosed their assault in varying methods, such as written and verbal. Supporting clients and developing the skills necessary to effectively navigate negative reactions to disclosure may assist in their ability to cope with yet an additional obstacle to their healing. Assisting clients in identifying supportive networks can also influence their overall well-being through feelings of connectedness and belonging. Lastly, educating clients on the realities of sexual assault can offer validation and reduce feelings of isolation so clients may be more comfortable coming forward to seeking support.

A sense of community and belonging was a significant factor in reducing participants' sense of isolation. Clinicians should be able to effectively screen their clients and determine their appropriateness for other methods of counseling, such as group counseling. A group setting with other victims and survivors may provide a feeling of community and as well universality and validation. Additionally, clients may

experience installation of hope through the stories of other survivors, thus facilitating encouragement and inspiration throughout the group.

Implications for Counselor Education

Counseling programs exist to train and prepare competent and effective clinicians. In doing so, curricula should be designed to align with the excellence and expectations of the profession. The Council for Accreditation of Counseling and Related Educational Programs (CACREP) developed standards to comply with in order to obtain and maintain accreditation. These standards include required courses and content areas to be addressed in counseling curricula. CACREP was developed to improve quality of training and promote a more unified profession of counseling.

Human Growth and Development is a course required through CACREP standards. The standards require programs to address topics related to crisis and trauma, but does not specify to what extent. As one can imagine, simply addressing presenting symptoms may not be the most efficacious method when working with a client who has been sexually assaulted. Additionally, standards include strategies for promoting optimal growth and wellness and resilience in an ethical and culturally sensitive manner (CACREP, 2016). This requires programs to extend beyond basic understandings of resilience and wellness and infuse a trauma-focused and sensitive approach to working with victims of abuse.

Human sexuality is a course where instructors can introduce the topic of sexual violence. Although it is not a required course under CACREP Standards it may be offered as an elective course for students. Clinicians who are uncomfortable discussing sex and sexuality with their clients may revert to addressing presenting symptoms as an

avenue for alleviating their own discomfort. Simply addressing presenting symptoms is grounded in a deficit model and lacks the emphasis on empowerment and growth. Counselors-in-training should be provided the space and in an educational setting to explore their beliefs and comfort level with issues such as sexual assault. While sexual assault is a topic that may be covered within a Human Sexuality course, it is imperative for educators to emphasize the motivating factor behind sexual assault revolves around power and control and not sexual desire. Understanding this concept can alleviate some of the precipitating guilt and shame victims encounter. Additionally, it is important for counselors-in-training to understand human sexuality as it exists along a continuum rather than a binary. Although an overwhelming majority of research focuses on men perpetrating against women, it is possible for men to be assaulted by women and for an individual to be assaulted by someone of the same gender. Expanding one's purview of sexuality beyond the binary requires one to uphold values of cultural and ethical competencies.

In addition to curricula standards, Counselor Educators can benefit from increased interprofessional collaboration to effectively address the needs of those affected by sexual violence (Campbell & Wasco, 2005; Myers & Sweeney, 2004). Addressing the systems in which a client exists may assist in facilitating growth and improved overall well-being. For example, extending services to families, partners, and friends indirectly affected by our clients' assault can improve a client's support system. Supporting our clients' systems will improve their ability to act as positive and supportive networks. Therefore, infusing fundamental elements of sexuality, couples, and family therapy into

the required curricula of Counselor Education Programs may provide clients with a more comprehensive and effective method of care.

Conclusion

It is not necessarily the assault itself, but the implications associated with being a victim of sexual assault that may present obstacles and struggles to the healing process. Therefore understanding the effects of sexual assault, particularly the stigma associated with being a victim/survivor of sexual assault, can be beneficial in assisting victims through the healing process and ultimately identify as a survivor. Experiencing trauma can be a highly personal and transformative process in which individuals report positive outcomes and feeling valued (Sheikh, 2008). If the appropriate conditions exist a victim of sexual assault may have a more hopeful prognosis.

Much of the barriers reported by participants in this study revolved around feelings of guilt, shame, and stigma, whether internalized or imposed by others. Although shame and guilt may be seen as natural responses to perpetration of such an intimate, personal, and intrusive nature Weiss (2010) challenged these “natural” reactions and attributed shame to social constructions within society. Therefore suggesting one’s inability to live up to cultural and gender norms of behavior and the gendered-based ideals created by society is considered shameful. Much in the same way that laws did not acknowledge men as possible victims of sexual assault and excluded wives being assaulted by her husband (Payne, Lonsway, & Fitzgerald, 1999; Weiss, 2009). Overall, women tend to hold more sympathetic views and beliefs for victims of sexual (Nagel, et al., 2005), while men are less empathetic, blame the victim/survivor more, and

experience more negative changes in the relationship after being disclosed to (Ahrens & Campbell, 2000).

While many factors can contribute to the overall well-being of an individual who has been sexually assaulted it is important for that individual to feel supported and believed. Each participant shared her story of growth and survivor-hood. Being validated, supported, and believed positively impacted the ways in which each woman conceptualized her experience and ultimately influenced her ability to identify as a survivor. For some, the misconceptions around date and acquaintance rape created ambiguity and an increased sense of guilt and shame. Sharing their journeys, and learning from and connecting with other survivors instilled a sense of hope. Patient and understanding support systems, such as partners, families, friends, and advocates validated participants' experiences and allowed them the space to navigate their emotions. By positively reframing and reconstructing their experiences, participants were able to find meaning in their assault(s) and make the decision to use their experience for the greater good by helping others. Ultimately one cannot only survive a traumatic experience, but they can transform into a person with a renewed sense of self and purpose.

Appendix A

Key Terms

Survivor

One who has experienced sexual assault and has acquired the necessary strength/tools to heal.

* It is important to keep in mind while this is an identified definition of a survivor this study allows the participants to self-identify as a survivor, therefore not imposing predetermined definitions that may not fit a participant's idea of what a survivor is.

Sexual Assault

“unwanted or forced sexual relations (e.g., intercourse, oral sex, or anal sex), including attempted sexual assault, by force or threat of force independent of sexual orientation. It includes unwanted sexual contact, such as fondling or other types of sexual touching” (Lawson, 2013, p. 166).

Appendix B

Interview Materials

The University of New Mexico Consent to Participate in Research

Introduction

You are being asked to participate in a research study that is being done by Angela Catena, a doctoral candidate, from the Counselor Education Program. This study aims to explore the process of becoming a survivor in women who have experienced sexual assault.

You are being invited to participate because you have expressed interest in this current study.

This form will explain the research study, and will also explain the possible risks and benefits of participating. You are encouraged to ask questions for clarification. You are not required to agree and sign the consent form if you do not feel comfortable participating. If you have any questions, you may email myself at acatena@unm.edu, or Dr. Kristopher Goodrich. Contact information for Dr. Goodrich can be found at the end of this consent form.

What will happen if I decide to participate?

If you agree to participate, the following things will happen: you will be asked to participate in three individual interviews. You will be audio and video recorded during each interview. The first interview will focus on setting the foundation and creating a relationship, the second interview will explore the sexual assault in more detail, and the third interview will be an opportunity for you to provide feedback on the data that has already been collected and analyzed. This is done to ensure the analysis reflects the participants' experiences and narratives.

During the first interview you will be asked to complete a PTSD assessment. If your score for the assessment does not meet the required score for the study you be ineligible to participant for the remainder. I will provide you feedback regarding your score. Please note the feedback I will be providing is related to this specific study. Local resources and services are provided at the end of this form if you'd like to speak with someone. If you have any questions I will be more than happy to discuss them with you.

How long will I be in this study?

The duration of this study will take place over three 60-minute interviews within a 6-week period.

What are the risks or side effects of being in this study?

The level of risk within this particular study is low. Individuals may experience varying levels of stress, and in some extreme cases, experience re-traumatization.

There are risks of stress, emotional distress, inconvenience, and possible loss of privacy and confidentiality associated with participating in a research study. There is a possibility you may become uncomfortable with some of the topics discussed during the interviews. This is understandable and you are not required to answer questions or discuss areas that you are not comfortable with.

What are the benefits to being in this study?

It may be beneficial for you to tell your personal narrative without fear of judgment or stigma being placed upon you. It may also be beneficial to develop a more comprehensive understanding of the personal experiences of sexual assault and the process of becoming a survivor. This study will add to the literature that is available within the mental health field in an effort to better assist clients of trauma.

What other choices do I have if I do not want to be in this study?

You have the option not to take part in this study. There will be no penalties involved if you choose not to take part in this study. A list of community resources will be provided to everyone, regardless of participation status, via email or in person.

How will my information be kept confidential?

The privacy of the participants within the study is of great importance. Recordings, both audio and visual, will be destroyed at the end of the study. You will be given a pseudonym to protect your anonymity and all other identifiable information, such as other people's names and specific locations, will be changed to maintain privacy and confidentiality. All information will be stored in a locked cabinet and electronic information will be stored on a private computer that is password protected. All appropriate measures will be taken to protect the security of all your personal information, but I cannot guarantee confidentiality of all study data.

Your confidentiality is important to me. As a licensed mental health counselor mandatory reporting requires me to report situations where an individual is a danger to self or others. Situations in which a child, elderly, or disabled person is subject to abuse or neglect are also subject to mandatory reporting. We will have the opportunity to discuss my legal reporting requirements in more detail if you would like further clarification.

Legal Obligations

Under my professional license there may be times I am legally obligated to report certain instances. These situations include: (1) threats to harm self or others, (2) reasonable suspicion of abuse of a child or other vulnerable person.

Will I be paid for taking part in this study?

There is no monetary compensation for your participation within this study. Findings will be made available to you upon completion of the study if you would be interested in obtaining them. You will be contacted via email and provided with a brief description of the final analysis and findings from the study. Should you have questions regarding the study's findings, I will be available to clarify your questions and/or concerns.

Can I stop being in the study once I begin?

Your participation in this study is voluntary. You have the right to choose not to participate or to withdraw your participation at any point in this study without affecting your future health care or other services to which you are entitled. You also have the right to end the interviews at anytime with no consequences.

If you choose to withdraw your participation from this study we will have a discussion about the use of the data that was collected. You have the freedom to determine what information will and will not be used.

Whom can I call with questions or complaints about this study?

If you have any questions, concerns or complaints at any time about the research study, you may contact Dr. Kristopher Goodrich at kgoodric@unm.edu or (505) 277-7222.

If you would like to speak with someone other than the research team, you may call the UNM Office of the IRB at (505) 277-2644.

Whom can I call with questions about my rights as a research participant?

If you have questions regarding your rights as a research participant, you may call the UNM Office of the IRB (OIRB) at (505) 277-2644. The OIRB is a group of people from UNM and the community who provide independent oversight of safety and ethical issues related to research involving human participants. For more information, you may also access the OIRB website at <http://research.unm.edu/irb/>.

CONSENT AND AUTHORIZATION

You are making a decision whether to participate in this study. Your signature below indicates that you the information provided (or the information was read to you). By signing this consent form, you are not waiving any of your legal rights as a research participant.

I have had an opportunity to ask questions and all questions have been answered to my satisfaction. By signing this consent form, I agree to participate in this study. A copy of this consent form will be provided to me.

Name of Adult Subject (print)

Signature of Adult Subject

Date

I agree to be audio recorded:
 Yes No

I agree to be video recorded:
 Yes No

INVESTIGATOR SIGNATURE

I have explained the research to the participant and answered all of their questions. I believe that they understands the information described in this consent form and freely consents to participate.

Name of Investigator/ Study Team Member (print)

Signature of Investigator/ Study Team Member

Date

Community Resources and Referrals

Agora Crisis Center

Agora is a listening service available to listen. They also have an extensive list of services, agencies, and referrals in New Mexico.

505.277.7855

Manzanita Counseling Center

Manzanita Counseling Center is a community outreach program provided by the University of New Mexico Counselor Education Program providing *free* counseling services.

505.277.0111

University of New Mexico Student Health and Counseling (SHAC)

SHAC provides medical and counseling services to all UNM students at much lower rates than community rates. SHAC also accepts most insurance plans.

505.277.3136

University of New Mexico Counseling and Referral Services (CARS)

CARS provides *free* counseling services to all UNM staff and faculty.

505.272.6868

University of New Mexico Psychology Clinic

505.277.5164

Counseling and Psychotherapy Institute (CPI)

Counseling and Psychotherapy Institute focuses on the evaluation, prevention, diagnosis, and treatment of mental, emotional, and behavioral health issues. CPI offers affordable services.

505.243.2223

Sage Neuroscience Center

Sage Neuroscience Center is a multi-specialty mental health clinic providing affordable and accessible healthcare.

505.884.1114

Rape Crisis Center of Central New Mexico

The Rape Crisis Center of Central New Mexico provides emotional support, *free* counseling, and advocacy to survivors of sexual assault and abuse.

505.266.7711

Albuquerque Sexual Assault Nurse Examiners Collaborative (SANE)

SANE provides *free* and confidential immediate, compassionate, culturally sensitive, and comprehensive medical treatment and forensic evaluation of victims of sexual assault and domestic violence by nurse experts. SANE's services are available 24 hours a day.

505.884.7263

Domestic Violence Resource Center

The Domestic Violence Resource Center provides *free* victim advocacy and short-term crisis intervention and therapy to survivors of abuse and their children. Counseling services are available in both English and Spanish, and both group and individual sessions are offered.

505.884.1241

Enlace Comunitario

Enlace Comunitario is a social justice organization led by Latina women in Central New Mexico and located in Albuquerque. Enlace provides *free* counseling (both group and individual), crisis intervention, civil legal services, life skills, and case management in both English and Spanish.

505.246.8972

University of New Mexico LGBTQ Resource Center

The University of New Mexico LGBTQ Resource Center provides a safe space for emotional support, advocacy, and *free* and confidential counseling services. Group and individual sessions are available.

505.277.5428

Other resources may be made available based upon individual need

PCL-C

The next questions are about problems and complaints that people sometimes have in response to stressful life experiences. Please indicate how much you have been bothered by each problem in the past month. For these questions, the response options are: “not at all”, “a little bit”, “moderately”, “quite a bit”, or “extremely”.

		Not at all	A little bit	Moderately	Quite A Bit	Extremely
PCL1	Repeated, disturbing memories, thoughts, or images of a stressful experience from the past?	1	2	3	4	5
PCL2	Repeated, disturbing dreams of a stressful experience from the past?	1	2	3	4	5
PCL3	Suddenly acting or feeling as if a stressful experience from the past were happening again (as if you were reliving it)?	1	2	3	4	5
PCL4	Feeling very upset when something reminded you of a stressful experience from the past?	1	2	3	4	5
PCL5	Having physical reactions (e.g., heart pounding, trouble breathing, sweating) when something reminded you of a stressful experience from the past?	1	2	3	4	5
PCL6	Avoiding thinking or talking about a stressful experience from the past or avoiding having feelings related to it?	1	2	3	4	5
PCL7	Avoided activities or situations because they reminded you of a stressful experience from the past?	1	2	3	4	5
PCL8	Having trouble remembering important parts of a stressful experience from the past?	1	2	3	4	5
PCL9	Loss of interest in activities that you used to enjoy?	1	2	3	4	5
PCL10	Feeling distant or cut off from other people?	1	2	3	4	5
PCL11	Feeling emotionally numb or being unable to have loving feelings for those	1	2	3	4	5

	close to you?					
PCL12	Feeling as if your future somehow will be cut short?	1	2	3	4	5
PCL13	Having trouble falling or staying asleep?	1	2	3	4	5
PCL14	Feeling irritable or having angry outbursts?	1	2	3	4	5
PCL15	Difficulty concentrating?	1	2	3	4	5
PCL16	Being “superalert” or watchful or on guard?	1	2	3	4	5
PCL17	Feeling jumpy or easily startled?	1	2	3	4	5

Semi-Structured Interview I Protocol

Demographic Information:

History of assault

Time since the assault

Age at the time of the assault

Relationship to the perpetrator

- How would you describe yourself to someone new?
 - What do you value most about yourself now?
 - What would you say others value most about you?

- Tell me how you would describe the person you are now. What most contributed to this change or your ability to remain the same?

- What would you say your strengths are?
 - What are your weaknesses?

- Is there anything else you would like me to know about you?

Semi-Structured Interview II Protocol

- Would you like to touch up on any of the areas we discussed the last time we met?
- How did you experience the assault after it occurred?
- Has it changed since then?

How or how not?

- What kinds of changes have occurred since your experience?
- How have you grown as a person, as a woman, since the experience? Tell me about your strengths that you have discovered or developed through this process?
- Has anything stood out to you since the assault that has affected you?

How did you navigate that?

- What is your interpretation (meaning making) of the assault?

What is it like compared to when it first occurred?

- Was there a specific point after the assault that made an impact on you?

If so, can you please explain it?

- What has been most helpful to you during this time? How has this been helpful?
- Is there anything significant you would like me to know?
- What does this experience mean to you?

Appendix C
Data Analysis

Data Analysis Procedure

Steps	Procedure	Justification
Memo writing	Documented coding process, researcher's thoughts, process experiences, and identified significant interactions and reactions during interviews	Used to elaborate on emerging categories, identify gaps, and explain relationships amongst categories (Charmaz, 2014; Glaser, 1978)
Open coding	Line by line coding	Provides an in-depth look at data that may have been missed otherwise. Open coding encourages new ideas to emerge, while remaining close to the data (Charmaz, 2014; Glaser, 1978)
Constant comparison	Compared interview data while collecting more data	Making comparisons throughout each stage of data collection and analysis (Glaser, 1978)
Identifying differences	Identified differences in participant data and codes Cross comparison of data	Identifying gaps among participant data to address a lack of data or participant differences
Member checking	Incorporated member feedback from open coding to inform next level coding	Allow participants to examine the data for accuracy and provide feedback (Savin-Baden & Major, 2013)
Process focused	Identify the process that is represented through the emerged themes	Create an emergent theory utilizing presented themes to develop an understanding of the process for the identified phenomenon
Axial coding	Collapsed open codes into larger codes	Develop codes that encompass broader participant experiences
Constant comparison	Compared interview data while collecting more data	Making comparisons throughout each stage of data collection and analysis (Glaser, 1978)
Theoretical coding	Analyze relationships between categories to better inform the process	Introduces causes and conditions under which the process emerges and varies, and delineates its consequences (Charmaz, 2014)

Appendix D

Findings

Labeling of the Assault

Label of Assault	Narrative Data
the experience	P: "I think I've always been a pretty strong-willed person since I was born, but I think like the experience we're gonna talk about definitely contributed to that"
assault	P: "and then when there was like an actual like clear like I said no and you're gonna do this anyway kind of assault "
sexually abused	P: "when he said this is not a healthy relationship I think I sexually abused you that's not right"
the sexual abuse	M: "I mean I have the one the parts I remember with my grandparents but then afterwards when the sexual abuse happened it's just gone."
the first one	M: "So the first one I might have been younger than 5 but I think I was 5." M2: "Umm the first one was my sophomore year in high school by my best friend."
the second time	M: "and the second time happened when I was, excuse me, I was about 23 and my son was there." M2: "I think from the second one more"
after I was raped had been raped	R: "I was never able to defend myself and after I was raped actually I really wanted I felt so guilty because it was both my friend and I that had been raped "
the attack	R: "That changed when I met my boyfriend though so he he allowed me to drink for the first time when I was 21 after the attack happened"
an attack	M2: "The only thing that's really changed was for about the first year, year and a half I didn't consider it an attack , I considered it my fault and then once (silence) I guess"
I have been raped	R: "whenever I get a boyfriend or something I have to disclose like what feels like a really awful secret. Like I have been raped and umm it feels like baggage that's

	not your fault but people might view it as that.”
the rape	R: “I would say ahh the most horrific thing and whenever I think about the rape , it’s not the actual rape that kind of makes me shutter.” M2: “really the only thing kind of that does bother me about it it doesn’t really have anything to do with the rape itself but for a year umm I didn’t talk about it at all”
what I went through	A: “Umm how I’ve been able to change is really understanding what I went through isn’t as rare as we think it is and that there are a lot of other people out there who feel the same way I do in terms of being isolated or feeling isolated.”
what happened	K: “And then what was worse which was like I couldn’t tell anybody, like I I wouldn’t tell anybody it took me a long time for me to even admit to myself what happened rather than ohh I was drunk I just you know, it happened, no big deal.”
the incident	K: “Umm I mean again when I stopped talking to my friend which was probably about seven months after the incident umm then you know that was probably the main point but it was kind of just this fluid process of life umm I went to the doctor maybe a year or so after the incident because umm you know I’ve been in about three or so relationships since then and something just wasn’t right”
minor sexual assault	K: “because like you know the fact that I want to downplay it and be like oh it’s just me being like like a minor sexual assault or something maybe not quite consenting or things like that.”
raped me	T: “And umm I had have had sometimes the man that raped me was Hispanic and umm”
I was raped	T: “Umm I did start seeing a counselor shortly after I was raped and it was the first time I had ever had counseling really” T: “I was a virgin when I was raped so I

think that having my own sexual experiences after that and having a choice”

T: “And so he made me realize that I was so that I was blaming everything well I was raped so.”

Overall Themes

Axial Coding
Personality Traits Conceptualization of Assault Barriers to the Healing Process Coping Skills Disclosure Changes

Theoretical Coding	
Core Category	Identification
Causal Condition	Conceptualization of the Assault
Contextual Conditions	Barriers
Intervening Conditions	Coping Maladaptive coping skills Realization Adaptive coping skills Reframe
Action Strategies	Disclosure Counseling Community Partnership
Consequences	Altruism

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