Sexual Violence and Post Traumatic Growth

Literature Review

Cassandra Baddeley

POLS 462

Professor Moore

June 7, 2019
Introduction

Sexual assault trauma is a complex and complicated social issue inflicting, directly and indirectly, a multitude of hardships upon its victims as well as everyone else involved. It is a universal problem that occurs within every ethnic, racial, religious, and socioeconomic group. This literature review will look at female sexual assault survivors and different concepts that encourage that played into their resiliency and rehabilitation.

There are innumerable scholarly articles, journal articles, and books focusing on the different negative outcomes women experience after being sexually assaulted. Scholars and researchers have studied common trauma that assault survivors frequently experience after sexual abuse. In many cases, the symptoms of trauma are just as devastating, and will cause more pain in the victim’s life than the actual incident itself. Some survivors of sexual assault are negatively affected due to the actions of their offender, but others are able to move towards recovery and are even able to eventually thrive. This begs the question of why do some victims actually experience positive growth from devastating event while others do not? What role do internal personality traits play in someone’s resiliency? What are the external factors that tend to play into the lives of a survivor’s resilience?

This literature review analyzes both the internal and external factors of resilience in the lives of female survivors and will study the particular characteristics that survivors of sexual assault display daily. Contributing factors to resilience will be investigated through the role of positive support and relationships, admissions and disclosures of sexual assault, therapy and psychoeducation, and adapting coping skills with perceptions of power, belonging, and social awareness. The following is an evaluation
of the existing literature on the resilient lives of female sexual assault survivors, and includes a proposition for a new interpretation by looking at both internal and external factors of those who prove resilient compared to those who succumb to the negative effects that follow trauma.

**Sexual Assault: Negative Effects**

In researching the impact of sexual assault on its victims, authors tend to focus on the negative effects and trauma rendered by these attacks. Many authors focus on the long-term effect stemming from early sexual assault known as “child sexual abuse” (CSA). CSA has affected 25.3% of women in the United States alone not including third world, undeveloped countries where there is a higher count of rape and sexual abuse. (Pereda, Guilera, Forns & Gomez-Benito, 2009). The long-term effects of CSA include psychological, behavioral, and social issues in the sexual assault survivor’s life. These effects range from sexually transmitted diseases, (Welch, 2007) poor self-esteem, depression, sexual disorders, post-traumatic stress disorder known as PTSD (Collins, O’Neill-Arana, Fontes & Ossege, 2014), anger issues and eating disorders (Center for Disease Control & Prevention [CDC], 2018). Female survivors of sexual violence are more likely to smoke tobacco products and abuse alcohol and other drugs. CSA may also lead to sexual risk behavior; feeling betrayed by the abuser and powerless during the abuse can lead women to believe that they are not able to control sexual situations and are not able to refuse sex (Senn & Carey, 2010).

It is proven that about one-third of CSA victims reported experiencing repeated victimization (Arata, 2002). In a study conducted on 113 Black women ages 11–31 with documented histories of CSA, it was found that 30% of these women reported being
revictimized in the 17 years following the initial attack (West, Williams, & Siegel). Far fewer follow-up studies have described the subsequent victimization of physically abused or neglected children, even for relatively short time periods (Fryer & Miyoshi, 1994). Multiple authors argue that sexual abuse victims are two to three times at greater risk of adult revictimization than women without a history of CSA. This causes more psychological distress than those with resiliency resources. Simply put, having fewer resiliency resources creates more psychological distress (Lamoureux, Palmieri, Jackson & Hobfoll, 2012).

According to author Sudie Black, the number of both sexual assault and rape victims are actually significantly higher because the figures reflect only the reported sexual assaults and rapes rather than all of the unreported attacks. In the United States alone, nearly 1 in 5 women (20%, or approximately 22 million women) have been raped in their lifetime, while 26% of adult women, experience some form of sexual assault. Like CSA victims, half of adult rape victims develop PTSD, while the remaining survivors do not develop psychopathology (Black, 2016). Both female CSA victims and female adult victims of sexual assault propose the question: why some survivors develop mental disorders-like PTSD and others do not? This requires the examination of what interpersonal traits he survivors who are resilient posses and/or what external factors are commonly found in the lives of survivors who are more resilient.

**Social Support: Role in the Life of a Sexual Assault Victim**

In this paper, social support will be examined through female sexual assault survivors’ constructive relationships and if they are a resource of positive growth and resilience to the survivor’s trauma. Social support constitutes having multiple or more
than one positive relationship with either friends, family, significant others, or a spouse. A study conducted on servicewomen considers those who have survived trauma where mental healthcare professionals tried improving the environments for survivors by creating relationships between them. The victims, through greater respect and trust, were able to prove the importance of supportive relationships when working through trauma (Sweeney, 2018). Evidence has supported this in a study of a wide variety of PTSD patients who have social support attachments to an organization, and social cognition to help control and regulate emotions; this study showed that these factors can prevent PTSD in survivors of trauma and can be essential to the healing process and resiliency (Charuvastra, 2009). Charuvastra proposes that an individual’s social experiences play a key role in the response to trauma stemming back to the first initial bond made in the human life, child and mother, to the social experiences made in adulthood within a community or multiple resources of support.

The book “Trauma and Recovery” agrees with this theory, suggesting that one of the three vital keys to trauma resiliency is reestablishing the relationship between the victim and their community (Herman, 1992). This author believes the most vital task is quickly forming some type of trust again after the initial trauma, as he believes it is nearly impossible to be resilient if the survivor has no connection to others. Both authors Herman and Charuvastra expand on the idea of how powerful social support is in helping the survivor to not feel alone and to change the survivor’s apprehension towards the world after their assault. It can instill self-worth in the victim that was lost after the trauma from their sexual assault. Author Bryant- Davis’ scholarly article supports Herman’s and Charuvastra’s theory that survivors with larger social support networks
are less likely to have PTSD and are twice as likely to be resilient to their trauma; he asserts that finding trust in a higher power such as religion can be another resource in helping one to be resilient (Bryant-Davis, 1803). Davis’s study examines the relationship between both religion and social support as coping mechanisms and rehabilitation for sexual assault survivors.

Riosa Burnham demonstrates the importance of having supportive healthy relationships when it comes to your mental health, as well as your overall well-being. Burnham’s studies focus primarily on young adults who had been to mental health clinics after traumatic experiences; these individuals show emotional and behavioral problems and Burnham strives to assess how to address them. Burnham stresses the importance of healthy interpersonal relationships and its significant impact on trauma survivors’ resilience. A supportive relationship can aid recovery, creating a sense of acceptance and safety. One study proves that intimate relationships are much more powerful than supportive relationships as they intensify “life satisfaction” for a person struggling with their mental health (Whitelock, 2013).

**Admissions & Disclosures: Role in the Life of a Sexual Assault Victim**

The next division of literature embodies the importance of admissions and disclosures of the attack made against sexual assault victims and their correlation to the survivor’s resilience. Multiple authors examine the reactions victims receive after disclosing their abuse and how perceptive the survivor the reactions. Nareadi Phaspha postulates that reactions of listeners can instill resilience and strength in a survivor or can cause more pain to the victim if the listener’s reaction to the trauma is met with discomfort, blame, or doubt (Phaspha, 2009). In correspondence to previous articles,
one author disclaims that he found social support to be not as powerful as some may claim and less powerful than a negative reaction to survivor disclosing their sexual assault (Campbell, 2009). Author Cortney Franklin confirms this theory through a survey of 348 undergraduate students using randomized hypothetical sexual assault disclosure essays. The author’s objective was to study the different perpetrator types, and if the victim knew their assailant or not. He then interviewed different sexual assault victims and their reactions and evaluated their trauma’s effect on their mental state. He rendered based on “empathetic concern, culpability attributions, and resource referral” when evaluating their reactions to their admissions (Franklin, 2016). The study implicates a further focus on witness intervention strategies, educational training aimed at how to handle sexual assault disclosures, and empathy-building techniques. The study’s outcome concluded that sexual assault provokes emotional responses, and that listeners carry a conviction for victims’ mental health post trauma and resilience.

**Therapy, Support Groups, and Psychoeducation: Role in the Life of a Sexual Assault Victim**

This section will evaluate a category of literature that focuses on the role of therapy, support groups, and psychoeducation and their effect on resiliency in female sexual assault survivors. There is a large amount of literature supporting the notion that seeking professional help from a therapist or speaking with a group who all share a common experience can promote regrowth, instill resilience in survivors, and teach coping mechanisms for PTSD. However, not all female sexual assault survivors receive this type of help; they are either not comfortable enough to seek support from those closest to them or they don’t have a support system in their life at all. Some victims may
not disclose to their family and friends, but may only receive support from mental health services or a therapist. The combinations of professional help and other support systems is endless depending on each individual survivor and whom they choose to share their trauma with. The consensus of the literature addressing therapy, support groups, and psychoeducation for sexual assault trauma is that all of them are beneficial to the victim's resiliency.

Many studies have been conducted to prove just how beneficial psychoeducational groups and therapy, are to survivors battling with their trauma. The literature on this topic offers many studies regarding different approaches to these methods. Multiple authors wrote about the Acceptance and Commitment Therapy approach (ACT), which is helpful to treat victims who are dealing with avoidance and aren’t yet ready to face their trauma. A clinical case study conducted in 2002 by Caroline Burrows proved that the ACT approach with trauma victims is efficient in reducing “thought suppression, trauma symptomatology, and increasing valued action and quality of life”. This treatment has been most effective with survivors struggling with PTSD after their assault (Burrows, 2002). The other most common effective therapy approach that helps combat PTSD from sexual assault is the utilization of cognitive-behavioral intervention treatment, also known as CBT. This approach is specifically narrowed for PTSD in female rape survivors (Jaycox, 2013). Literature supports that CBT is an emotional-processing theory that provides coping mechanisms to reverse the effect and development of trauma after sexual assault. It has been proven in a study of young female rape survivors that CBT successfully reduced symptoms of PTSD, depressions, substance dependency, and self-shame after one year (Johnson, 2011).
According to a study consisting of twenty female sexual assault trauma survivors, documentation shows that the victims shared strikingly similar character traits as well as rehabilitation problems in the early recovery period after complex trauma. Victims describe therapy and psychoeducational groups as the very beginning to their road of recovery and their turning point. There is proven support that the hardest part of recovery is the victim’s ability to share their sexual assault experience with others. Many victims are not able to begin the process of healing because they struggle to address what happened to them. However, through therapy, recalcitrant victims are given the tools to take the first step toward recovery. As a primary step to begin the process of coping, therapy and psychoeducational groups allow victims to become open about their sexual assault. (Brown, 2012).

Adapting Coping Skills: Role in the Life of a Sexual Assault Victim

This section of the paper will explore how victims adapt different coping skills, as well as the correlation that these different skills have with the resiliency instilled in sexual assault survivors. According to Lazarus & Folkman, “coping is the process of attempting to manage the demands created by stressful events that are appraised as taxing or exceeding a person’s resources” (1984). Adaptive coping skills are important to utilize in the midst of recovery after experiencing trauma. The use of maladaptive coping methods such as substance abuse, denial, and disengagement from the world temporarily relieves survivors from their reality and the pain they are feeling; however, it eventually makes true recovery harder to obtain as the effects of the trauma are being further suppressed (Ullman, 2015). Survivors using positive and healthier adaptive coping skills will fare better in the long run and will lead to a healthy permanent
recovery, even though these are harder to obtain as it requires processing and working through trauma instead of suppressing it. There is existing literature on multiple different types of adaptive coping skills for sexual assault survivors. Some of the most common adaptive coping skills are journaling, exercise, talking to someone, breathing exercises, and music. It is proven that nonmedical methods of adaptive coping skills are more effective than prescribed medication therapy (Aselton, 2012).

Literature supports and cites that using journaling as emotional release during a period of negative emotions reduces stress and anger, as well as improvement of current relationships (Whitney, 2015). One author states that journaling was “paramount” to recovery especially during episodes where post-trauma was still affecting survivor’s mental well-being. Journaling allowed survivors to recognize and analyze the pain they were feeling by physically reading their own thoughts and fears. Writing about life experiences helps individuals gain a new perspective and a new understanding, changing the survivors' mindset and helping them be resilient. (Schizopher, 2015). Furthermore, both authors Garnet and Williams assert that journaling is a way for participants to combat their trauma and enable survivors to use the creativity of writing to help work through their thoughts (2013). Arias considers journaling to be a form of “active healing” and a way of generating meaning from abuse (2013). Author Joe Gibbins, however, strongly believes that the theater is a healthy expressive coping skill for someone such as a sexual assault victim to use in the road to recovery and resiliency. Gibbins goes on to say that it gives the survivor self-purpose and control over her life. He explains that control is key as many survivors who endure trauma had no control over the situation taking back control helps rebuild their inner
strength and confidence. He supports the idea of social support in the survivors' life with “calming activities” that can produce health self-reflection, strengthen relationships, and increased participation in group activities that help guide the victim to a positive path of rehabilitation (Gibbins, 2013).

Though there is literature promoting external coping skills, such as activities, group work, and physical self-reflection, there is more evidence asserting that the true path to resiliency and recovering are through internal coping skills that help the survivor deal with trauma on a daily basis. This research stems from survivors' own doubts and thoughts in regards to their sexual assault; they may carry a sense of guilt or shame regardless of whether or not they are fully aware that they are not to blame. Studies have proven that many victims will verbally admit they are not at fault, but internally feel the opposite. Physical coping skills are helpful, but in order to truly heal, the survivor must work out their trauma from within themselves (Garnett & Williams, 2013).

The feeling of self-blame is very typical for sexual assault victims and can occur the day after the experienced trauma or years later. Regardless, it is difficult for sexual assault survivors to intellectually understand that they are not to blame. Authors John Kline and Margaret Stroebe wrote about the importance of survivors acknowledging the truth of their sexual assault, as they both believe this acknowledgment will make it easier for survivors to believe and accept that they were not responsible for the attack made against them. The specific coping mechanisms that have been mentioned can reassure the survivor that they shouldn’t feel embarrassed or ashamed, nor did they cause the assault perpetrated against them. This can be difficult as most victims have trust issues after being attacked and may not be able trust the others or themselves.
They stress that in the midst of questioning yourself - don’t. There is only one person to blame for sexual assault and it is always the attacker, no one else. It takes a great deal of time in order for the survivor to absorb this idea. Because every victim is unique, it will take each victim a different amount of time to actually believe it. Kline states it is important to keep reassuring the survivors that they are not to blame, especially when they begin to doubt themselves (Kline, 2018). Stroebe emphasizes that the body is in a hypersensitive state in post-trauma experiences such as sexual assault, and the survivor may begin to numb their pain to avoid their trauma. However, it is not possible to suppress a specific feeling, and this inability can cause the survivor to shut down both positive and negative feelings. When this begins to occur, the positive reinforcing coping skills are needed the most to be effective in recovery (Stroebe, 2014).

**Conclusion**

Female sexual assault survivors can find resilience from both interpersonal and external factors. There is a surplus of existing literature that addresses and discusses the negative effects of sexual assault and the lingering trauma it leaves in its wake. This literature review examines the current research on resilience in female sexual assault survivors through individual character traits, as well as different external measures such as social support, therapy and psychoeducation, coping mechanisms, admissions, and disclosures. Common notions and characteristics seen throughout this literature review are perseverance, trust, hope, determination, support, and positivity. Social support and positive relationships are found to be essential to a successful recovery for a survivor and are key in their resilience after being attacked. Positive relationships can be tied to the eventual admission and disclosures from a sexual assault survivor.
A poor reaction to the survivor’s sexual assault that may imply blame or shame could be detrimental to the survivor’s resiliency, but a positive reaction could be integral to the survivor’s rehabilitation and growth. A survivor’s resources are important to the healing process after experiencing trauma. The more resources the survivor has, the greater the opportunity to heal. Although speaking openly about their trauma to friends, social groups, or loved ones can be beneficial; therapy is proven to be transcendent in the recovery process. Speaking to an unbiased professional allows survivors to express uncensored feelings about trauma without fear of judgment, disapproval or reprisal.

There are survivors who don’t feel they have outside resources, such as religious groups, social groups or positive interpersonal relationships, while others are simply not ready to speak about their experience with others. However, there is still a number of positive adaptive coping skills available such as journaling, exercise, music, and blame acceptance coping; these have all been proven to instill resilience and healing in sexual assault victims. While it is certainly important to openly discuss the assault, to blame the attacker instead of yourself, and to not shut off all feelings, there is fortunately a wide variety of alternative methods to begin a positive healing process and maintain resiliency.
WORKS CITED


