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# A Hermeneutic Phenomenological Study of the Lived Experience of Adult Female Sexual Assault Survivors

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A dissertation

presented to

the faculty of the Department of Nursing

East Tennessee State University

In partial fulfillment

of the requirements for the degree

Doctor of Philosophy in Nursing

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by

Ann N. Hellman

May 2016

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Octavia Flanagan

Patricia Hayes

Calvin Ross

Keywords: Sexual Assault, Recovery, Spirituality, Religion, Heidegger, Hermeneutics, Phenomenology

ABSTRACT

A Hermeneutic Phenomenological Study of the Lived Experience of Adult Female Sexual Assault Survivors

by

Ann N. Hellman

Sexual assault is an international problem affecting hundreds of thousands of women each year. Significant psychological, physical, and financial consequences result from sexual assault. The prevalence of sexual assault suggests that nurses frequently encounter survivors yet minimal literature exists focusing on how nurses should adjust their care to meet the needs of this population.

The phenomenon of sexual assault has been widely studied from multiple perspectives and across disciplines. Likewise, studies of spiritual and religious beliefs and practices and their impact at the end-of-life and in disease, grief, and loss are extensive in nursing literature. However, a nominal number of studies examine the recovery process following sexual assault, resilience as an aspect of recovery, behaviors to aide in the recovery process, and the role which spirituality and religious beliefs and practices may play in that process. Therefore, a hermeneutical phenomenological study occurred to explore the meaning of the lived experience of sexual assault recovery and to increase understanding of the participants' experiences of recovery. No other hermeneutical phenomenological study on this subject was present in the literature prior to this study. This method was congruent with the aims and the ultimate goals for the study. The aim of the study was to examine the lived experience of adult female sexual

assault survivors while examining the influence of spirituality and religious practices upon the recovery process.

After performing a qualitative analysis of the transcripts from nine participant interviews, findings for this phenomenological study resulted in five constitutive patterns: forever changed with fourteen related themes; coping afterwards with five related themes; finding strength through faith and a greater being with six related themes; focusing on what helps with three related themes, and talking is healing with three related themes. This study provides insight into what it means to live as a sexual assault survivor and provides the impetus for multiple future studies potentially impacting future nursing practice.

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# DEDICATION

This dissertation is dedicated to the memory of my father, Bethel Reed Norrod, who taught me the value of hard-work, stubbornness, and persevering until the job is finished.

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My sincere appreciation and gratitude extends to:

The survivors who entrusted me with their stories

Members of my committee:

Dr. Sally Blowers

Dr. Kathleen Rayman

Dr. Patricia Hayes

Dr. Calvin Ross

Dr. Octavia Flanigan

My family: Mike, Sara, and Brianna

My Tennessee Tech University Whitson-Hester School of Nursing colleagues

And last, but certainly not the least, My Lord and Savior for strength and perseverance

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# CHAPTER 1

# INTRODUCTION

Chapter One of the dissertation presents a context for the study. Statistics illustrate the prevalence of sexual assault occurring within our American society and underscore that nurses encounter sexual assault survivors in every area of practice (Tjaden & Thoennes, 2006). In addition, the researcher presents her own experience as it has influenced her research trajectory. Definitions of sexual assault, survivor, resilience, and spirituality and religious practices are presented. Relevant grounded theory and a theoretical framework are presented. Research questions and aims guide the structure and design of the study.

## Background and Significance

Sexual assault is a significant problem affecting societies across the world today (Crime: Rape, n.d.). It is used as a means of violence, a tool of war and terrorism, and as a method of controlling populations and ethnic cleansing. For example, sexual assault was employed in the Liberian civil war of the 1990s (Jennings & Swiss, 2001) and the public raping of Yugoslavian women by military forces was used to perpetuate ethnic cleansing (Swiss & Giller, 1993). In Sierra Leone's Civil War which lasted from 1992 to 2001, rape was employed as a mechanism of war. A mental health worker from that area reported that "being raped is like being bitten by a mosquito, it's that frequent" (Shanks, Ford, Schull, & de Jong, 2001, p. 304). The organization, Medicins Sans Frontieres, estimated the prevalence of rape among Sierra Leone women to be 14% but also cautions this as a low estimate based on reported rapes (Shanks et al., 2001, p. 304).

The World Health Organization (WHO) conducted research in the mid-1990s and reported international research has signaled that violence against women is a much more

serious and widespread problem than previously suspected. A review of studies from 35 countries carried out prior to 1999 indicated that between 10% and 27% of women and girls reported having been sexually abused, either as children or adults (Garcia-Moreno et al., 2005, p.11).

When examining the issue in the United States, multiple studies demonstrate its prevalence. Bourgois conducted an ethnographic fieldwork study in a crack house in El Barrio, New York in the 1990s and discovered that gang rape was used as a gang initiation ritual to prove one's masculinity as well as to control female behavior within their social sphere (Bourgois, 1996). The U.S. Department of Justice National Crime Victimization Survey of 2006-2010 reported an average of 207,754 victims ages 12 and older who experience rape and sexual assault each year (Rape, 2009). This translates to an occurrence of sexual assault every two minutes in the United States (Rape, 2009). In a survey of college women in several countries, 19-28% reported rape or attempted rape after age 12 (One in Four USA, n.d.). When considering the national female population at-large, one in five women experiences attempted sexual assault during her lifetime (Black, Basile, Breiding, Smith, Walters, Merrick, Chen, & Stevens, 2010, p. 2).

The majority of those assaults go unreported. After performing a literature review, Lonsway and Archambault (2012) reported current literature on the subject suggests only 5% to 20% of sexual assault is reported to law enforcement. As such statistics show, the actual number of sexual assault survivors in the United States is much greater and may be significantly larger than 25%.

## Long-Term Effects Resulting from Assault Trauma

The sexual assault population experiences a myriad of long-term issues as a result of the assault trauma. These long-term effects can be categorized generally as psychological, relational, physical, and financial. An examination of each category of effects with supporting documentation follows.

**Psychological effects.** Psychological effects and behaviors following sexual assault include anxiety, aggression, isolation, poor self-esteem, and the use of substances to assist with coping in the aftermath of the sexual assault event. Specifically, sexual assault survivors have a three times higher rate of depression, a six times higher rate of post-traumatic stress disorder, and a four times higher rate of reported suicide contemplation (RAINN, 2009) than non-victims of sexual assault. Many survivors turn to substance use resulting in additional treatment issues. Sexual assault survivors have a 13-times higher incidence of alcohol abuse and a 26-times higher rate of drug abuse (RAINN, 2009) than those who never experience sexual assault. These psychological conditions are compounded by physical tolls and financial burdens for the survivors.

**Physical conditions.** Multiple dysfunctional physical conditions may follow sexual assault occurrences. Injuries following sexual assault range from those occurring immediately post-assault to those which are chronic. Such injuries include chronic diseases, headaches, eating disorders, irritable bowel syndrome, and damage to the vagina, urethra, and anus. Additional gynecological disorders involving pelvic inflammatory disease from untreated sexually transmitted infections and infertility may occur (Morrison, Quadara, & Boyd, 2007).

**Financial well-being.** Sexual assault impacts the survivors' financial health through costs of medical treatment and counseling, costs of mental health care, disruption of work life, and loss of earnings (Morrison, et al., 2007). To obtain information regarding these areas of

impact, the Centers for Disease Control and Prevention conducted a study entitled Costs of Intimate Partner Violence Against Women in the United States (CDC, 2003). According to this study, medical care costs for each rape occurrence equaled $2,084 (p. 29). Private and group insurance covered approximately half of the costs leaving the remainder of the financial burden to the survivors. Survivors seeking mental health treatment from a psychologist, psychiatrist, or other mental health professional totaled $978 (p. 30). Survivors usually paid more than one-third of mental health care costs. This study estimated loss of daily earnings at $69 and loss of daily value of household duties at $19 (p. 31). These costs total over $3000 per incidence for the survivor. This total does not include expenses for repair or replacement of personal property should the assault occur in the survivor's home. As this data is twelve years old and more recent data could not be located, the current financial costs would be greater than what is presented here. The financial burden is not only borne by the survivor, but affects those connected to the survivor.

**Survivors' relationships with others.** Because survivors of sexual assault do not exist in a vacuum, the costs of the assault must also be considered within the context of the survivors' lives. Sexual assault has profound effects on a survivor's relationships with her intimate partner, family members and friends (Crome & McCabe, 1995). The survivors experience psychosocial issues as manifested in relationship difficulties, problems preserving the ability to trust themselves and others, and sexuality and intimacy issues (Herman, 2001). These auxiliary victims may also require various forms of counseling focusing on relationships, intimacy, grief, loss, and ways to support the survivor.

In summary, sexual assault is an international problem affecting hundreds of thousands of women each year. Not only must the survivor endure the attack itself, but she is profoundly

affected in multiple areas of her life. Significant psychological, relational, physical, and financial consequences result from sexual assault. The survivor is not the only person affected. Significant others, spouses, family, friends, and acquaintances may also feel the emotional impact of the attack.

**Areas of Sexual Assault Research**

The phenomenon of sexual assault has been studied from many different perspectives and by many different disciplines. Areas of study most abundant are forensic exams and SANE nurses, drug facilitated sexual assault, and psychological effects from sexual assault. The main focus of the literature on forensic exams and the role of SANE nurses concentrates on demonstrating the effectiveness of those programs, the benefits to both the sexual assault victim and to the justice system, and the challenges and nuances surrounding the establishment of SANE programs (Boykins, 2005; Cabelus & Sheridan , 2007; Campbell, Greeson, & Patterson, 2011; Campbell, Long, Townsend, Kinnison, Pulley, Adames, & Wasco, 2007; Campbell, Patterson, Adames, Diegel, & Coats, 2008; Campbell, Patterson, & Bybee, 2011; Campbell, Patterson, & Bybee, 2012; Campbell, Patterson, Bybee, & Dworkin, 2009; Campbell, Patterson, & Fehler-Cabral, 2010; Campbell, Patterson, & Lichty, 2005; Campbell, Townsend, Long, Kinnison, Pulley, Adames, & Wasco, 2005; Campbell, Townsend, Long, Kinnison, & Pulley, 2006; Carr & Moettus, 2003; Cole & Logan, 2008; DuMont, White, & McGregor, 2009; Ericksen, Dudley, McIntosh, Ritch, Shumay, & Simpson, 2002; Esposito, 2006; Fehler-Cabral, Campbell, & Patterson, 2011; Ferguson & Faugno, 2009; Fitzpatrick, Ta, Lenchus, Arheart, Rosen, & Birnbach, 2012 ; Johnson, Peterson, Sommers, & Baskin, 2012; Lech, 2008; Logan, Cole, & Capillo, 2006; Logan, Cole, & Capillo, 2007; Logan, Cole, & Capillo, 2007b; McLaughlin, Monahan, Doezema, & Crandall, 2007; Morgan, 2008; Patterson, Campbell, & Townsend, 2006; Plichta, Clements, & Houseman, 2007; Sievers, Murphy, & Miller, 2003;

Wieczorek, 2010). The literature regarding drug facilitated sexual assault focuses primarily on the consumption of alcohol as a main substance, testing procedures to determine drug facilitated sexual assault has occurred, and rape myths associated with drug facilitated sexual assault (Bedard-Gilligan, Kaysen, Desai, & Lee, 2011; Beynon, Sumnall, McVeigh, Cole, & Bellis, 2006; Brecklin & Ullman, 2010; Clinton-Sherrod, Morgan-Lopez, Brown, McMillen, & Cowell, 2011; Crawford, Wright, & Birchmeier, 2008; Davis, 2010; Davis, Stoner, Norris, George, & Masters, 2009; Franklin, 2011; Gidycz, Loh, Lobo, Rich, Lynn, & Pashdag, 2007; Kalmakis, 2011; Krebs, Lindquist, Warner, Fisher, & Martin, 2009; Krebs, Lindquist, Warner, Fisher, & Martin, 2009b; Lawyer, Resnick, Bakanic, Burkett, & Kilpatrick, 2010; McCauley, Ruggiero, Resnick, Conoscenti, & Kilpatrick, 2009; Novik, Howard, & Boekeloo, 2011; Orchowski & Gidycz, 2012; Ross, Kurth Kolars, Krahn, Lisansky, Gomberg, Clark, & Niehaus, 2001. A large number of studies also examined the psychological effects from sexual assault. These studies found depression, sleep disturbances, changes in perception of well-being, stress, and PTSD are all well-documented psychological effects form sexual assault (Billette, Guay, & Marchand, 2008; Campbell, Dworkin, & Cabral, 2009; Creighton & Jones, 2012; Dubosc, Capitaine, Franko, Bui, Brunet, Chabrol, & Rodgers, 2012; Gavey & Schmidt, 2011; Heke, Forsters, & D'Ardenne, 2009; Kalmakis, 2010; Morrison, et al., 2007; Mouilso, Calhoun, & Gidycz, 2011; Temple, Weston, Rodriguez, & Marshall, 2007; Ullman & Najdowski, 2009).

However, the recovery process and in particular the mediators facilitating successful recovery need to be further studied. Of notable absence in the literature is the influence of spiritual beliefs and religious practices on the recovery process of adult female sexual assault survivors as a specific and exclusive population except for the Duma, Mekwa, and Denny 2007 study (Hellman, 2014). This particular study is limited as it defines the recovery period as the first six months following the assault. Recovery does not occur within a specified time frame

and as such, findings of the Duma et al. (2007) study have limitations. Therefore, the presence of spiritual beliefs and religious practices and their influence on the recovery process (of varied lengths) were investigated in this study.

**Personal Interest in This Subject**

The majority of the researcher's clinical experience has been grounded in obstetrical nursing and in this practice I have encountered women with histories of sexual assault frequently. Such encounters ranged from the patients telling of a past assault to those who were having flashbacks of their assault during the childbirth process. Whether caring for the patient who reported past assault or for the patient having active flashbacks, I guided conversations to discover how best to accommodate their fears, avoid flashback triggers, and place them in optimum control during the childbirth process This led to best practice decisions and significant alterations in interventions to provide specialized care for these patients. For many of the women, regardless of the length of time since the assault, trauma from the event impacted the patient's present well-being, especially during the vulnerable and sensitive time of childbirth. In the hospital setting, the childbirth process requires multiple vaginal exams, being placed in vulnerable and immodest positions, and to a large degree, relinquishing control of one's body. Furthermore, having care provided in a hospital setting may be especially stressful if medical treatment occurred post-assault. In addition, health care workers may practice "professional distancing" and as a result may objectify patients and their bodies. Professional distancing occurs when healthcare workers "distance themselves from their clients in order to remain professionally objective" (Green, Gregory, & Mason, 2006, p. 450). Thus, some may appear rather cold and detached. This perceived aloofness further isolates patients in their experiences and can potentiate the effects of the traumatic incident.

During hospitalization, characteristics of place, person, and behavior sometimes ignite flashbacks of the assault. Flashbacks are multi-sensory and may be stimulated by particular smells, sounds, touches, the restraining nature of stirrups, fetal and contraction monitoring devices, and the temporary loss of control of their bodies as labor progresses. Their reactions may be more severe if they repressed their sexual assault or failed to receive physical and psychological treatment afterwards. During childbirth, these flashbacks might trigger verbal outbursts, physically defensive responses to the care being provided and potential complications to their health, the health of their baby, and the delivery process (Halvorsen, Nerum, Oian, & Sorlie, 2013; Henricksen, Vangen, Schei, & Lukasse, 2013; Leiner, Kearns, Jackson, Astin, Rothbaum, 2012; Ojala, 2009; White, 2014).

Because of these experiences with patients and current research findings in this subject area, this researcher desired to pursue additional knowledge to improve current practice and perhaps assist in developing best practices for this patient population. In order to understand how nursing practice behaviors might affect members of this population, one must first understand what it is like living as a sexual assault survivor. To better situate one's self in what is presently known about the subject, a brief overview of the current practice literature follows.

**Exploration of Current Practice Literature**

Previously assaulted women may also react in similar fashion in a variety of other health care situations. Feelings of vulnerability, loss of control, and stimuli triggering flashbacks to the past assault accompany many medical procedures and situations. Interventions involving the vaginal and anal areas such as urinary catheterization, administration of enemas, and wound care to the genital area may cause stress. Some oral procedures such as obtaining lab swabs (e.g. rapid strep throat tests) may also induce stress (Campbell, Sefl, Barnes, Ahrens, Wasco, & Zargoza-Diesfeld, 1999; Esposito, 2006; Irving, 1999; Ranjbar & Speer, 2013). Most nursing

staff are untrained in appropriate response methods when patients experience reactions brought about by past sexual assault. Consequently, the patient, patient's family, and health care staff are uncertain when navigating these difficult situations.

**Spiritual Beliefs and Religious Practices and Patient Care**

Attention to all aspects of patients' health is vital in exploring their experiences. Researchers have investigated spirituality and religious practices on end-of-life care (Carroll, 2001; Greyson & Khanna, 2014; Idler & Kasl, 1992; Mok, Wong, & Wong, 2009; Vachon, Fillion, & Achille, 2009; Visser, 2009); bereavement (Becker, Xander, Blum, Lutterbach, Momm, Gysels, & Higginson, 2007); cancer (Friedman, Barber, Chang, Tham, Kalidas, Rimawi, Dulay, & Elledge, 2010; Harandy & Ghofranipour, 2010; McClain-Jacobsen, Rosenfeld, Kosinski, Pessin, Cimino, & Breitbar, 2004; Simon, Crowther, & Higgerson, 2007); chronic illness (Guisick, 2008; McCauley, Haaz, Tarpley, Koenig, & Bartlett, 2011; Martin & Sachse, 2002; Phillips, Mock, Bopp, Dudgeon, & Hand, 2006); mental health (Hodge, Moser, & Shafer, 2012; Hourani, Williams, Forman-Hoffman, Lane, Weimer & Bray, 2012; Koslander, Lindstrom, & da Silva, 2013; Krumrei, Pirutinsky, & Rosmarin, 2013; Lukoff, 2014; Mann, McKeown, Bacon, Vesselinov, & Bush, 2008; McIntosh, Poulin, Silver, & Holman, 2011; Stanley, Bush, Camp, Jameson, Phillips, Barber, Zeno, Lomax, & Cully, 2011; Staton-Tindall, Duvall, Stevens-Watkins, & Oser, 2013; Visser, 2009; Weber & Pargament, 2014); posttraumatic stress disorder (Borman, Liu, Thorp, & Lang, 2012; Wortmann, Park, & Edmondson, 2011); terminal illness (Carson & Green, 1992; McClain, Rosenfeld, & Breitbart, 2003; Nelson, Rosenfeld, Breitbart & Galietta, 2002; Pace & Stables, 1997) and upon quality of life (Graham, Furr, Flowers, & Burke, 2001; Hodge, 2007; Larson, 2003; Manning, 2013; Salsman & Carlson, 2005). As a person who finds spirituality and religious practices an

important aspect of life, the lack of research on this topic in the area of sexual assault was of particular interest and influenced the development of this research.

Just as Florence Nightingale included spirituality as a core concept of nursing, so do many contemporary nurses include spirituality in the care of their patients. The spiritual needs of all patients should be addressed as part of nurses' routine assessments and interventions. However, the nurses most often employing spiritual care interventions are those who work in hospice settings with terminally ill patients. Current health care literature exhaustively investigates the concept of spirituality as it relates to terminally ill patients and cancer patients (Nelson, Rosenfeld, Breitbart, & Galietta, 2002; McClain, et al., 2003; McClain-Jacobson, Rosenfeld, Kosinski, Pessin, Cimino, & Breitbart, 2004; Pace & Stables, 1997; Carson & Green, 1992). However, despite current trends in healthcare to view patients in a more holistic manner, spirituality remains under-investigated and under-considered in respect to treatment of patients and their illness situations. Specifically, there is a significant gap in the literature regarding its use and value in treating female adult survivors of sexual abuse and assault.

Multiple researchers examined the physical, mental, social, and psychological aspects of sexual abuse and sexual assault recovery; however, few explored the effects of spiritual beliefs and religious practices on sexual assault recovery (Ahrens, Abeling, Ahmad, & Hinman, 2010; Kennedy, Davis, & Taylor, 1998; Knapnik, Martsolf, Draucker, & Strickland, 2010; Luck, 2010; Murray-Swank & Pargament, 2005). Of these limited studies, each demonstrates a significant positive influence of spirituality beliefs and religious practices upon recovery of sexual assault survivors. Ahrens et al. (2010) limited their participant pool to African American survivors alone. These researchers found that positive religious coping following sexual assault contributed to higher levels of psychological well-being and lower levels of depression. However, negative religious coping was related to higher levels of depression. Similarly,

Kennedy et al. (1998) also examined the status of well-being and change in spirituality following sexual assault of seventy minority women. They found those with increased spirituality had restored well-being while those without an increase in spirituality following the assault manifested a depressed well-being. Knapnik et al. (2010) studied female and male survivors of sexual violence and what attributes of spirituality were most relevant to their recovery progress. A dissertation study by Luck (2010) examined adult female survivors of childhood sexual abuse. Murray-Swank and Pargament (2005) evaluated the efficacy of spiritually-integrated interventions for female survivors of sexual abuse. All of these studies have limitations when one views them in the perspective of research of sexually assaulted adult females. The Ahrens et al. (2010) study limited its participants to African Americans and the Kennedy et al. (1998) study only examined the phenomenon of sexual assault recovery among minority women. The Knapik et al. (2010) and Luck (2010) studies included participants with histories of varied abuse spectrums and did not limit the phenomena of study to only sexual assault. Additionally, the Knapik et al. study included males in their participant pools. Therefore, these studies' findings have limited applicability to understanding the phenomenon of sexual assault recovery as influenced by spiritual beliefs and religious practices for adult female survivors. As such, studies restricting the participants to adult female survivors of sexual assault are needed to specifically identify the influence of spiritual beliefs and religious practices on the recovery process of this particular phenomenon.

Survivors' previous assaults influence their future experiences with health care in multiple areas. Providers working in various health care settings may encounter such survivors and need to adapt their care to lessen continued trauma from a past event. As a provider who has encountered such patients and had nominal resources in the current literature to draw from, the need for additional research in this area was evident. Now that the investigator has presented her

own interest in this subject and demonstrated how a history of sexual assault can impact general care delivery in women's health, description and significance of the problem in a larger context follows.

**Definitions**

Now that the background and significance of the problem are established, clear definitions and terms of sexual assault are merited. In order to fully understand the phenomenon of sexual assault, researchers must approach the phenomenon with commonalities of understanding. Distinct definitions provide a conceptual intersection where those from differing perspectives and disciplines can begin discussions from a common point.

**Sexual assault.** Sexual assault, also known as rape, is defined as "illegal sexual contact that usually involves force upon a person without consent or is inflicted upon a person who is incapable of giving consent (because of age or physical or mental incapacity) or who places the assailant in a position of trust or authority" (Sexual assault, n.d.). The term sexual assault encompasses many forms including rape, attempted rape, and unwanted sexual contact or threats occurring without the person's consent. A broad, inclusive definition of sexual assault is used in this study similar to the legal definition of sexual assault used in courtrooms. The legal definition refers "to an assault of a sexual nature on another person… can include a wide range of unwanted sexual contact such as rape, forced vaginal, anal, or oral penetration, forced sexual intercourse, inappropriate touching, forced kissing, child molestation, … torture of a victim in a sexual manner" (Sexual assault, 2014). Violence, coercion, manipulation, and drugging the assaulted may be employed by the perpetrator of the act (Sexual assault, 2014). Perpetrators of the crime may be strangers, acquaintances, friends, or family members.

**Survivor.** An essential component of sexual assault research is gaining a distinct

understanding of the person who survives the attack – the survivor. Survivor is defined as "a person who continues to function or prosper in spite of opposition, hardship, or setbacks" (Survivor, 2014; Hellman, 2014). Therefore, this term carries a positive connotation rather than the negative connotation ascribed to the term victim, which is often used to describe a person who is powerless in the circumstance, "one that is injured, destroyed, or sacrificed under any of various conditions; subjected to oppression, hardship, or mistreatment" (Victim, n.d.). Moreover, the researcher's intentional word choice supports the important mediating factor of regaining control. Additionally, as the focus of the study is women, survivorship specific to the experience of females is explored. A strong constituent of survivorship is the concept of resilience as it reflects the sexual assault survivor's ability to withstand major life stressors as occurs with a trauma and to return to normal life functioning (Echterling & Stewart, 2008).

**Resilience.** Resilience is defined as the "ability to recover readily from illness, depression, adversity, or the like" (Resilience, n.d.). Positive behaviors associated with resilience include progressing through grieving and returning to life behaviors such as maintenance of regular employment, ability to establish and maintain relationships with others, and absence of alcohol and drug use as coping mechanisms. Resilience among women who have been sexually assaulted has been poorly researched. However, within this discourse examining the presence or absence of resilience in the sexual assault survivors' recovery journey, the researchers have used quantitative scales (PTSD Checklist, Depression Anxiety Scale, and Peritraumatic Dissociative Experiences Questionnaire) which did not query the presence of factors which may increase resilience, such as spiritual beliefs, religious practices, family support, etc. (Bonanno, 2013; Steenkamp, Dickstein, Salters-Pedneault, Hofmann, & Litz, 2012; Steenkamp, Litz, Dickstein, Salters-Pedneault, & Hofmann, 2013). Therefore, additional investigation into the resilience of sexual assault survivors during recovery is merited.

**Seeking Meaning in the Event**

Females surviving sexual assault often grapple with the questions of "why?" – "why did this happen to ***me***?"; "why did he choose ***me***?" Accompanying these questions are other questions that concern their future – "Who am I now?" and "How do I go on?" It is documented that survivors of sexual assault ask these questions and seek resolution to them to arrive at a point of recovery (Ben-Ezra, Palgi, Sternberg, Berkley, Eldar, Glidai, Moshe, & Shrira, 2010; Ullman & Najdowski, 2009; Ullman, Townsend, Filipas, & Starzynski, 2007). Failure to resolve such questions may lead to increased stress and anxiety, depression, and post-traumatic stress (Najdowski, 2009; Ullman, et al., 2007).

As noted previously, survivors struggle with understanding and making meaning of their traumatic experience. This correlates with spiritual beliefs and religious practice frameworks as they provide a way to discover meaning and purpose in life. Such beliefs and practices may provide a way for survivors to interpret and cope with the traumatic event of sexual assault, thereby, promoting returning to normal life functioning. Multiple studies examine the use of spirituality and religion as providing the means of coping with trauma, disease, and life's transitions. Schuster et al. (2001) examined how many in the United States turned to religion as a means of coping with the events of the 9/11 terrorist attack. Koenig, Larson, and Larson (2001) studied religious coping mechanisms as patients dealt with disease. Kim and Esquivel (2011) posited that aspects of spirituality provide protective factors with adolescents and promote resilience. Peres, Moreira-Almeida, Nasello, and Koenig (2007) assert that psychological integration through a framework is a key factor in resilience to traumatic events (p. 348). Therefore, as spirituality and religion provides such a framework and influences resilience and resilience is positively correlated to recovery, it is this researcher's intent to explore sexual assault recovery as influenced by spiritual beliefs and religious practices (Kim &

Esquivel, 2011; Koenig, Larson, & Larson, 2001; Schuster, Stein, Jaycox, Collins, Marshall, Elliott, Zhou, Kanouse, Morrison, & Berry, 2001; Peres, Moreira-Almeida, Nasello, & Koenig, 2007) .

**Spirituality.** Spirituality has multiple definitions in nursing and other disciplines. An overview of the definitions is provided in the following table. A discourse focusing on commonalities and difference among the definitions follow.

Table 1.

*Definitions of Spirituality*

| Definition | Author(s) and citation | Discipline |
|---|---|---|
| solely an internal process from which they attained inner strength | Harper, Stalker, & Templeton, 2006, p. 48 | Nursing |
| connecting or attempting to connect in a divine manner with another being, often God, or a higher power, being accompanied, protected, shielded, healed, and unburdened by a divine being | Knapik, Martsolf, & Draucker, 2008, p. 336 | Nursing |
| a state of being attuned with God or the Divine Intelligence that governs or harmonizes the universe. It includes a search for and harmony with God and the sacred | Rahn, 2008, p. 6 | Nursing |
| indicates a connection with God or a Higher Power, a developed sense of meaning and purpose in life, a means of developing a self-identity | Luck, 2010, p. 4 | Nursing |
| faith in a higher power | Lhewa, 2010, p. 11 | Nursing |
| belief and connection with divine beings | Knapik, Martsolf, Drauker, & Strickland, 2010, p. 646 | Nursing |
| A quality that goes beyond religious affiliation, that strives for inspirations, reverence, awe, meaning, and purpose, even in those who do not believe in any good. The spiritual dimension tries to be in harmony with the universe, and strives for answers about the infinite, and comes into focus when the person faces emotional stress, physical illness, or death | Murray & Zentner, 1989, p. 259 | Nursing |
| energy capable of producing internal harmony of body, mind, and spirit | Goddard, 1995, p. 813 | Nursing |

Table 1. (continued)

| Definition | Author(s) and citation | Discipline |
|---|---|---|
| spirituality is defined… as a relationship with the self (the self-dimension) and with a dimension beyond ourselves (the beyond dimension) | Chung, Wong, & Chan, 2006, p. 161 | Nursing |
| Spirituality is a personal search for meaning and purpose in life, which may or may not be related to religion. It entails connection to self-chosen and/or religious beliefs, values, and practices that give meaning to life, thereby inspiring and motivating individuals to achieve their optimal being. This connection brings faith, hope, peace, and empowerment. The results are joy, forgiveness of oneself and others, awareness and acceptance of hardship and mortality, a heightened sense of physical and emotional well-being, and the ability to transcend beyond the infirmities of existence | Tanyi, 2002, p. 506 | Nursing |
| having a relationship with the creator | Walker, 2007 | Psychology |
| a growing relationship to the natural world and the body that was described in a mystical way; a spiritual connection; a positive value | Hall, 2003, p. 659 | Psychology |
| any experience that has a different reality or feeling compared to our usual everyday reality that may seem extraordinary or very ordinary yet meaningful and creates interconnection between aspects of the self that can simultaneously transcend the self and connect to the larger world thereby unifying each into a greater whole; a valuable personal experience such as having faith in a higher power | Wylie, 2010, p.26 | Occupational therapy |

As clearly illustrated, definitions of spirituality in nursing vary greatly. They range from a traditional perspective of beliefs in a “connection to a higher power” to a description of “spirituality as an energy source.” Thus, a lack of agreement and conformity exists within the discipline regarding the definition of this concept. Common among all definitions are spirit and pivotal life events, such as illness, death, distress, birth, or loss of a significant relationship (Tanyi, 2002). These circumstances encourage some degree of growth, awareness, or change in personal philosophy. Another commonality is in the understanding of spirituality as the search for meaning of life’s events or circumstances. This search for meaning might be focused on the “why” behind a catastrophic event or even the reason behind routine, mundane experiences, or being. Additionally, faith in God, a supreme being, a higher power, and an existing relationship between the individual and this transcendental being must be present (Chung, et al., 2007).

Additional attributes are connectedness, inner strength and peace, and becoming (Tanyi, 2002; Knapnik, et al., 2010).

***Definition of spirituality used in this study.*** In order to fully explore this phenomenon of sexual assault recovery as influenced by spirituality, the investigator argues for a broader definition of spirituality. This researcher's definition encompasses many tenets of those proposed by others yet adds an active element of positive direction. Therefore, spirituality is an intimate, personal experience involving search for an improved self, meaning, purpose, and/or direction. It involves a relationship with God, a Higher Power, a Supreme Being, nature, or the ideology that there is no higher power than that which exists within one's self. This relationship provides a sense of connection, love, hope, joy, peace, faith, inner strength and meaning to life. It serves to provide direction and guidance along life's path. This relationship provides an opportunity for transcendence beyond the self to a place of acceptance, restoration, love, joy, and forgiveness.

***Definition of religious practices and definition used in this study.*** Religious practices are outward signs and behaviors reflective of an organized community of believers ascribing to a particular set of beliefs. Such signs and behaviors include participation in worship services at a church, temple, mosque, or synagogue, reading and studying of faith scripture or books, and may involve group prayer or meditation practices. The focus of those practicing religion is toward a Supreme Being, Higher Power, or some guiding energy or force outside of themselves. This researcher will use this definition of religious practices in the study as they link with spirituality and in particular, as survivors employ these practices to strengthen their resilience and aide in their recovery. Theories of sexual assault recovery that include these influences are described.

**Theoretical Frameworks Associated with Sexual Assault Recovery**

When searching for theories specific to adult female survivors with a religious or spiritual focus, only one study was located. While others examined both males and females, Duma,

Mekwa, & Denny (2007) alone explored the recovery of females during the first six months after sexual assault. A grounded theory emerged providing a series of concepts pertaining to spirituality, including awakening, pragmatic acceptance, turning point, reclaiming what was lost and defining their own landmarks for healing and readiness for closure (Duma et al., 2007).

When addressing both male and female sexual violence survivors, a particular theoretical framework was located. The theoretical framework "Being Delivered" by Knapik, Martsolf, and Draucker (2008) addresses the correlation between spirituality and positive resilience behaviors in adult male and female sexual violence survivors. Knapik et al.'s (2008) study, using grounded theory methodology, resulted in three dimensions composing the theoretical framework: Spiritual Connection, Spiritual Journey, and Spiritual Transformation. This theoretical framework informs the present study as the researcher will assess the presence of the three dimensions identified in the Knapik et al. study through use of the hermeneutic circle.

These two studies examine the phenomenon of sexual assault. The Duma et al. (2007) study restricted their exploration of the recovery period to the first six months after the assault. There are no studies examining the long term recovery of female sexual assault survivors as influenced by spiritual beliefs or religious practices. While Knapik et al. (2008) provided a theoretical framework expressly examining resilience of rape survivors in a religious context, the study included both male and female survivors. A survivor's spiritual beliefs and practices greatly add to her positive resilience behaviors and improve her coping abilities (Knapik, et al., 2008). Individuals use such coping abilities when faced with multiple life stressors such as illness, death, divorce, and disease. Researchers have extensively studied coping abilities strengthened by spirituality in areas of end-of-life, disease, grief and loss (Carroll, 2001; Harandy & Ghofranipour, 2010; Hodge, et al., 2012; Manning, 2013; Mann, et al., 2008; Martin & Sachse, 2002; McIntosh, Poulin, Silver, & Holman, 2011). Additionally, spirituality research

focused on mental health issues is prevalent in the literature (Hodge, et al., 2012; Koslander, Lindstrom & da Silva, 2013; Lukoff, 2014; McIntosh, Poulin, Silver, & Holman, 2011; Weber & Pargament, 2014). In two of the few studies involving this population, positive resilience behaviors were documented in aiding the survivors to reach some facet of recovery (Knapik, et al., 2008; Murray-Swank & Pargament, 2005). As demonstrated, little research has been conducted when examining spirituality's effects on promoting positive resilience behaviors in other health arenas, such as the sexually assaulted population. Additional research with this population is merited to further investigate factors of positive resilience in this population, thereby, supporting the aims of this study.

As evidenced in a study by Weiss (2010), male and females view and respond differently to rape. Men respond differently to rape than women do in the following ways: men are more likely to admit to victimization while intoxicated, men are more likely to be victimized by coworkers rather than strangers, men are less likely to report their assault to authorities, men experience greater shame and personal blame for not being masculine enough to fight off or prevent their attack, and men exhibit confusion about sexual identity brought about by physical responses occurring during the attack. While both male and female survivors may experience similar responses to sexual assault in some areas, there are specific responses experienced by each gender. As previously noted, females differ from males in their response to sexual assault. Many females seek meaning in the event by questioning the causal factors, experience changes in religious beliefs, use avoidance coping to deal with the event, experience depression, and have episodes of suicidal ideation (Ullman & Najdowski, 2009; Ullman, , 2007; Ben-Ezra, et al., 2010; Patterson, Greeson, & Campbell, 2009; Ullman & Najdowski, 2009). Therefore, studying each gender separately has merit. The Knapnik et al. (2008) study examined spiritual and religious influences on recovery of both male and female survivors. As previously noted, male

and female responses to sexual assault differ in multiple areas. Therefore, a study with a female-only population examining their long-term sexual assault recovery process as influenced by spiritual and religious beliefs and practices has not occurred until this present study. This study provided new understanding of the phenomenon of sexual assault recovery, guides future studies leading to key intervention strategies for this population, and supports Knapik et al.'s (2008) theoretical framework.

## Research Questions and Aims

Understanding the recovery process of sexual assault is imperative in guiding future treatment, directing additional research trajectories, and assisting nurses in caring for members of this population in varied health care arenas. As noted previously, areas of sexual assault recovery needing further exploration include factors to promote successful recovery and the influencing role of spirituality and religion upon recovery specific to a female population. In this study, this researcher chose to investigate the effects of spirituality beliefs and religious practices on the recovery journey and determine if those effects are positive or negative for the survivor and if these contribute to the survivors' resilience. Beveridge & Cheung (2004) conducted a small pilot study examining child incest survivors and Murray-Swank & Pargament (2005) also examined child sexual abuse survivors. While both of these studies focused on female survivors and the recovery process as influenced by spiritual interventions, neither study isolated adult female survivors of sexual assault as it fundamentally differs from child abuse. And as mentioned previously, Knapik et al.'s (2008) study did not examine the phenomenon with gender specificity. The aim of this research study was to understand the recovery process of female sexual assault survivors and the factors that promote their recovery, including the role of spirituality and/or religious practices on the recovery process. The following research

questions guided this study: 1) What is the lived experience of recovery by a female sexual assault survivor over time? and 2) What are the common meanings and shared practices of those recovering from sexual assault?

A phenomenological study was best suited for this research to explore the meaning of lived experience of sexual assault recovery and increase understanding of the participants' experiences. This method was also congruent with the aims and ultimate goal for the study to identify shared recovery experiences involving spirituality and religious beliefs and practices following sexual assault and consequently inform current nursing care practices.

In summary, sexual assault is a significant problem affecting society as demonstrated by the number of reported cases. Positive resilience behaviors to aid in the recovery process are crucial in decreasing long-term complications from the assault and to assist the survivor in returning to a productive and secure state. This study filled a critical gap in current research by adding in-depth understanding of the recovery process as lived by survivors. Further, this study allowed examination of the potentially key role of spiritual beliefs and religious practices. Additionally, it expanded the scope of the recovery period from that in previous studies. Furthermore, this study examined the subject of sexual abuse through hermeneutical phenomenology which has not been utilized for this subject matter.

# CHAPTER 2

# THE LITERATURE REVIEW

The World Health Organization (WHO) places the terms "rape" and "sexual violence" under the category of "violence against women" (WHO, 2014). The Centers for Disease Control (CDC) uses the term "sexual violence" to encompass rape, sexual assault, sexual abuse, and unwanted sexual contact (cdc.gov, n.d.). Examination of the recovery process and influences of recovery from sexual assault was the focus of this study and was viewed separately from the term "intimate partner violence (IPV)" as IPV may or may not include the act(s) of sexual assault. Although multiple definitions of sexual assault exist, commonalities among definitions include a sexual act by a person or persons committed upon another without that person's consent; a sexual act occurring between persons of the same or opposite sex; the existence or absence of a relationship between the perpetrator and survivor at the time of the sexual act; and a list of behaviors which comprise the sexual act (Spohn & Tellis, 2012).

Although the phenomenon of sexual assault has existed for centuries and is recorded in early religious texts, the body of research literature examining this phenomenon is relatively recent and limited. The legal definition, associated social views, and cultural perspectives of sexual assault have changed over the past 50 years. Despite research in the areas of sexual assault in the military (Ferguson, 2008), sexual assault recovery (Billette, et al., 2008), the implementation and role of Sexual Assault Nurse Examiners (Boykins, 2005; Campbell, et al., 2011;), sexual assault prevention programs (Ahrens, Rich, & Ullman, 2011; Coker et al., 2011), sexual assault of undergraduate students (Dvorak, 2014), the characteristics of sexual assault perpetrators (Abbey & Jacques-Tiura, 2011), and drug facilitated sexual assault (Bedard-Gilligan, et al., 2011; Brecklin & Ullman, 2010; Clinton-Sherrod, Morgan-Lopez, Brown, McMillien, & Cowell, 2011). This author asserts there is still much to discover about this

phenomenon, particularly in the perspective of how religion and spirituality may influence recovery from sexual assault.

Our society's view of sexual assault is changing. Recent news stories show that victim blaming is no longer accepted within our society (Butler, 2014; DeFrancheschi, 2014; Dvorak, 2014). The sexual assault issue is also being addressed on a federal level. In 2013, President Obama signed a bill that strengthened and reactivated the Violence Against Women Act and revised the Jeanne Clery Act. His actions provided additional rights to victims of campus sexual violence (CleryCenter.Org, 2013). Therefore, as our society's views on the subject are changing to reflect a more positive view of the survivors, it is reasonable to expect survivors may become more willing to openly discuss their experiences. And as more survivors come forward, further exploration of this phenomenon is crucial.

The literature review of sexual assault examined peer-reviewed, full-text articles in English accessed through multi-discipline databases. These databases included CINAHL, Applied Science and Technology, Criminal Justice Abstracts, Dissertations and Thesis Databases, Health Source: Nursing/Academic Edition, Nursing & Allied Health Collection: Comprehensive, PsycARTICLES, PsycINFO, PubMed, and Women's Studies International. These databases encompass disciplines focused on sexual assault research including nursing, medicine, psychology, women's studies, sociology, and criminal justice.

Using the keywords "sexual assault," "rape," "recovery," "religious coping," "religion," and "spirituality," applied in multiple combinations, resulted in 497 different articles. Although the Adverse Childhood Experiences (ACE) Study (2009) conducted by the CDC shows that many childhood abuse victims also experience sexual assault as adults, this researcher employed a revised search strategy to narrow the focus and align with the purposes of this dissertation. Articles with populations involving children and men as the focus of the study were excluded.

Articles failing to isolate adult participants with only sexual assault history (i.e. participants with additional traumatic life events such as child abuse, near-death experiences, simple assault, etc.) were also excluded. Articles included in this review explored the phenomenon of sexual assault beyond prevalence and incidence and included examinations of sexual assault recovery (its characteristics and traits) and factors mediating recovery, specifically spirituality and religion.

The articles were grouped into categories including the effects of and responses to sexual assault as experienced by survivors, mediators of recovery for survivors, and theories of recovery focusing on religious or spiritual influences. Four hundred seventy four articles that did not meet the thematic criteria were excluded. This categorization resulted in 23 articles which were placed in the categories of effects of sexual assault, mediators of recovery, and theory/theoretical frameworks. In the category of effects of sexual assault, the content of the articles was used to develop subcategories of psychological, relational, financial, and physical effects. The articles placed in the category of mediators of recovery were further grouped into physical, mental, and spiritual/religious mediators. The categories and subcategories align with the researcher's intended areas of exploration into the recovery journey experienced by sexual assault survivors. In addition, tools used to study sexual assault were reviewed and evaluated to gain a full understanding of the methods by which sexual assault has been explored, measured, and quantified.

**Tools Used to Study Sexual Assault**

The majority of the studies conducted focused on quantitative measurement of sexual assault. Few studies were found exploring sexual assault from a qualitative perspective. Presenting an overview of these tools is imperative in providing a background of sexual assault research as the tools further assist in identifying the effects of sexual assault and possible

facilitators of recovery from sexual assault. The tools broadly examine the phenomenon of sexual assault recovery and are predominantly based in psychology. Psychological effects of sexual assault examined by tools include depression, sleep disturbances, well-being, stress, and PTSD. These tools are the Center for Epidemiological Studies Scale (Radloff, 1977; Ullman & Najdowski, 2009; Bryant-Davis, Ullman, Tsong, & Gobin, 2011; Littleton & Grills-Taquechel, 2011); Nightmare Effects Survey (Ben-Ezra, et al., 2010; Martinez, Miro, & Arriaza, 2005), Cantril's Self-Anchoring Scale (Ben-Ezra, et al., 2010), PTSD Checklist-Civilian Version (Ben-Ezra, et al., 2010), Posttraumatic Stress Diagnostic Scale (Ullman & Najdowski, 2009; Ullman, et al., 2007; Borja, Callahan, & Long, 2006; Bryant-Davis, et al., 2011; Koss & Figueredo, 2004), Brief Coping Orientations to Problems Experienced Scale (Ullman & Najdowski, 2009; Ullman, et al., 2007), and Stressful Life Experiences Questionnaire (Ullman & Najdowski, 2009). One tool, the Sexual Experiences Survey (Ullman & Najdowski, 2009; Ullman, et al., 2007; Ahrens, et al., 2010; Borja, et al., 2006; Fetchenhauer, Jacobs, & Belshak, 2005; Koss & Figueredo, 2004; Littleton & Grills-Taquechel, 2011; Littleton, 2007; Miller, Handley, Markman, & Miller, 2010) seeks to measure the occurrence of unwanted sexual experiences. The Connor-Davidson Resilience Scale and the Coping Strategies Inventory examine a survivor's ability to deal with the effects of the assault (Connor & Davidson, 2003; Ben-Ezra, et al., 2010; Frazier, Tashiro, Berman, Steger, & Long, 2004). One tool examines religious facet of coping with a major stressor - the Religious Coping Orientations to Problems (Frazier, et al., 2004). The Social Reactions Questionnaire (Ullman, et al., 2007; Borja, et al., 2006) measures social support as reported by the survivor and the Rape Attribution Questionnaire (Frazier, 2003; Frazier, Mortensen, & Steward, 2005; Frazier, et al., 2004; Koss & Figueredo, 2004; Ullman & Najdowski, 2011) explores a survivor's belief(s) about why the assault occurred.

As previously mentioned, quantitative tools dominate the literature. Overall, these tools demonstrate sound psychometrics with widely varied populations. These populations range in age from juveniles to the elderly, focus on subjects who are sexual assault survivors to those suffering other forms of trauma, and include patient populations classified as inpatient, outpatient, private practice, and those in counseling situations. Tools are employed in the disciplines of medicine, nursing, psychology, and sociology. Some of the tools included in the literature examine specific details of sexual assault while others investigate a survivor's responses to the assault and factors affecting their recovery process. Specific responses to sexual assault investigated by these tools include depression, stress, resilience, suicidal ideation, posttraumatic stress disorder, presence of self-blame and avoidance coping, and changes in the survivor's belief systems. Other tools examine the mediating factors affecting the recovery process and examine religious coping, social support, effectiveness of coping measures, negative social reactions, and the presence of causation beliefs. A brief overview of each tool follows.

**Sexual Experiences Survey.** The Sexual Experiences Survey (short-form version) is a tool designed to specifically target female college students (Koss, Abbey, Campbell, Cook, Norris, Testa, Ullman, West, & White, 2007). It measures unwanted sexual experiences including rape, identifies hidden rape victims, and the incidence and prevalence of sexual aggression and sexual victimization occurring in intimate relationships as experienced by young females (Koss, Gidycz, & Wisniewski, 1987). This tool explores sexual acts with detailed questions designed to gain a clear understanding of the participant's experience ("A man put his penis into my vagina, or someone inserted fingers or objects without my consent by…" with a multiple choice answer) (Koss et al., 2007). The psychometrics of the revised version of the tool are pending publication; however, in email communication with the developer, Dr. Koss reports

sound psychometrics results were obtained with this revised version (M.P. Koss, personal communication, March 19, 2014).

**Center for Epidemiologic Studies Scale.** The Center for Epidemiologic Studies Scale is a twenty- item response survey to assess for latent structures of depression among the general population. The scale is one of the most common screening tests measuring depressive feelings and behaviors as experienced by the participant during the past week. Lenore Radloff of Utah State University originally developed this scale in the 1970s (Counselling resource.com, n.d.). The internal consistency of the scale is estimated to be 0.85 for the general population and 0.90 in patient samples (Radloff, 1977). Test-retest reliability is moderate at 0.45-0.70. This test has been translated into multiple languages and used with multiple populations: African American, Asian American, French, Greek, Hispanic, Japanese, Yugoslavian, Hepatitis C patients, patients with arthritis, and stroke patients, among others (Clark, Mahoney, Clark, & Eriksen, 2002; Naughton & Wiklund, 1993; Radloff, 1977; Shinar, Gross, Price, Banko, Bolduc, & Robinson, 1986; Thombs, Hudson, Sheiir, Taillefer, Baron, & The Canadian Scleroderma Research Group, 2008).

As depression is a prevalent effect experienced by sexual assault survivors, this tool is useful when studying this population. Ullman & Najdowski (2009) used this tool to explore serious suicidal ideation and attempts among sexual assault survivors.

**Nightmare Effects Survey.** In addition to depression occurring as an effect of sexual assault, survivors also experience sleep disturbances and nightmares following their attacks. The Nightmare Effects Survey explores the areas of daily life affected by nightmares by evaluating how much “nightmares interfere with different areas of a person’s life (sleep, work, relationships, daytime energy, school, mood, sex life, diet, mental health, and physical health and leisure activities” (Martinez, et al., 2005). This assessment tool demonstrates reliability and

validity and correlates with anxiety and depression measures (Krakow, Artar, Warner, Melendrez, Johnston, Hollifield, Germain, & Koss, 2000). The test displays a bifactorial structure and demonstrates satisfactory internal consistency with a Cronbach's alpha of 0.87 in a study analyzing the Spanish version of the test (Martinez, et al., 2005). As many sexual assault survivors report sleep disturbances, anxiety, and depression following their experiences, this tool provides a valuable method of assessment of sexual assault effects. Within the literature review for this dissertation, Ben-Ezra et al. (2010) used the Nightmare Effects Survey to explore the influence of psychiatric well-being on changes in a survivor's belief system.

**Connor-Davidson Resilience Scale.** The Connor-Davidson Resilience Scale is a 25-item tool measuring a person's ability to cope with stress and adversity. Correspondingly, it measures resilience in the general population, including sexual assault survivors and distinguishes between greater and less resilience. Items measured include "sense of personal competence, tolerance of negative affect, positive acceptance of change, trust in one's instincts, sense of social support, spiritual faith, and an action-oriented approach to problem solving" (Connor & Davidson, 2003, para.1). Within sexual assault literature, this tool was employed to study if sexual assault influences a survivor's belief systems (Ben-Ezra et al., 2010). As sexual assault and the recovery period following are a time of stress and adversity, the survivor must develop management techniques or else risk anxiety, depression, and possibly PTSD. This tool demonstrates internal consistency of 0.89 and test-retest reliability of 0.87 and the presence of convergent validity (Ahern, Kiehl, Sole, & Byers, 2006).

**Cantril's Self-Anchoring Scale.** The Cantril's Self-Anchoring Scale is a tool used to measure wellbeing through a multifaceted continuum from life evaluation to daily affect. Developed by Hadley Cantril in 1965, this tool is used worldwide in psychological and sociological studies to examine components of wellbeing including law and order, work, food

and shelter, health, daily experiences, and economics (Gallup, 2014). In the Ben-Ezra et al. study (2010), the researchers used this tool to assess the psychological wellbeing of sexual assault survivors as correlated to suicidal ideation and attempts. Hofmans, Theuns, and Van Acker (2009) conducted a psychometric comparison between a category rating scale and a self-anchoring scale. They concluded that participants tested with both types of scales responded equally to all constructs and there was no difference in reliability and internal consistency between the two types of measures. These researchers concluded the self-anchoring scale is preferred over a fixed anchor scale when additional qualitative information is desired.

**PTSD Checklist-Civilian Version.** The PTSD Checklist – Civilian Version is a self-reporting tool used to measure the presence of posttraumatic stress disorder symptoms. It specifically measures occurrences of repeated and disturbing memories and dreams, physical reactions to memories, difficulties with concentration and memory, and mood and affect disorders (Weathers, Lizt, Herman, Huska, & Keane, 1993). Proven reliable and valid in undergraduate student populations (Cornybeare, Behar, Solomon, Newman, & Borkovec, 2012), this tool is suitable for use with adult female sexual assault survivor populations as such populations often manifest signs and symptoms of posttraumatic stress disorder. Psychometrics of this checklist are strong. Blanchard, Jones, Buckley, and Forneris (1996) estimated the internal consistency (Cronbach's alpha) range between 0.94 to 0.97as demonstrated in a study by Weathers, Litz, Herman, Huska, and Keane (1993). Test-retest reliability for this tool was reported at 0.96 and at 0.88 (Blanchard, Jones Alexander, Buckley, & Forneris, 1996; Ruggiero, Del Ben, Scott, & Rabalais, 2003) (as cited at ISTSS.org, 2014).

**Posttraumatic Stress Diagnostic Scale.** The Posttraumatic Stress Diagnostic Scale (PTDS) is a self-reporting measurement tool that detects the presence and severity of posttraumatic stress disorder. This tool is designed for use by 18- to 65-year-old adults, both

male and female. Developed by Dr. Edna Foa in 1995, this tool has proven valid and reliable not only when used with sexual assault survivors (Ullman & Najdowski, 2009) but also with survivors of catastrophic disasters (Nederlander, 2006), those struggling with chronic illness such as diabetes (Powlus, 2014), juvenile offenders (Leduc, 2002), and other populations. Test-retest reliability of PTDS was assessed using kappa obtaining a score of 0.74 (Foa, Cashman, Jaycox, & Perry, 1997).

**Social Reactions Questionnaire.** The Social Reactions Questionnaire measures the positive forms of social support and negative social reactions encountered by sexual assault survivors (Ullman, 2000). Populations assessed with this tool include community volunteers, college students, and survivors who pursue mental health services. As survivors disclose their attack experiences to others, how their disclosures are received influences their feelings of self-worth, self-esteem, help-seeking behaviors, and psychological well-being. Such reactions greatly affect the survivor's recovery journey. Internal consistency for each of the seven social reaction subscales were calculated using Cronbach's alpha and results ranged from 0.77 to 0.93 (Ullman, 2000). Using a sample of 50 college students, test-retest reliability was established with values of Pearson's $r$ ranging from 0.64 to 0.81 and all were statistically significant at the $p < 0.001$ level (Ullman, 2000). These results demonstrated that the construct validity of the measure and the internal consistency were high (Ullman, 2000).

**Brief Coping Orientations to Problems Experienced Scale.** The Brief Coping Orientations to Problems Experienced Scale (COPE) assesses a person's response to stress. This multifaceted tool examines stress responses from differing aspects: problem-focused coping, emotion-focused coping, venting of emotions, and behavioral and mental disengagement (Carver, Scheier, & Weintraub, 1989). Within the literature, this tool was used to examine the prevalence of suicidal ideation and attempts following sexual assault, presence of avoidance

coping following assault, the effect of social support on level of depression, and presence of self-blame as influenced by social reaction to assault disclosure (Ullman & Najdwoski, 2009; Ullman, et al., 2007; Bryant-Davis, et al., 2011; Ullman & Najdowski, 2011). As these aspects are pertinent to psychological wellbeing and influence a survivor's recovery, they greatly influence a survivor's recovery process. The internal consistency of this tool's scales, using Cronbach's alpha reliability coefficients, were high, ranging from 0.62 to 0.92, except for one falling at 0.45. Test-retest reliability of the tool was established using a sample of 89 students, followed by a sample of 116 students, demonstrating stability between groups for coping tendencies and an instability between groups related to personality traits (Carver, et al., 1989).

**Religious Coping Orientations to Problems.** Similar to the COPE tool, the RCOPE measures the influence of religious coping in dealing with major life stressors. Religious coping strategies are "efforts to understand and deal with life stressors in ways related to the sacred. The term 'sacred' refers not only to traditional notions of God, divinity or higher powers, but also to other aspects of life that are associated with the divine or are imbued with divine-like qualities" (Pargament, Feuille, & Burdzy, 2011, p. 52). The intent of this tool is to give researchers a method to measure the influence of religious coping and direct religious and spiritual care into treatment plans for those dealing with life crises. The RCOPE has been used with populations of young college students and middle-aged and elderly adults of both sexes throughout the world. The RCOPE has been utilized in multiple studies of different sample sizes and populations (Pagament, et al., 2011). Among these studies, the RCOPE has proven to have good internal consistency with the highest and lowest alpha scores for positive religious coping subscale ranging between 0.67 to 0.94 (Pargament, et al., 2011). The range for the alpha scores for the negative religious coping subscale ranged from 0.60 to 0.90 (Pargament, et al., 2011). This tool has demonstrated good validity (predictive and incremental) as it most strongly and

consistently measures positive psychological constructs and spiritual well-being (Pargament, et al., 2011). The RCOPE's validity is yet to be sufficiently demonstrated among cultures and religions other than the United States, Western Europe, and Christians.

**Stressful Life Experiences Questionnaire.** The Stressful Life Experiences Questionnaire assesses for presence of stress in a person's life and provides a quantitative measurement of stressor load through 46 questions. Examining 11 domains, the scale investigates for presence of stress in the areas of home life, finances, social relations and pressures, personal conflict, job stress, job security, educational concerns, daily life, sexual life, health concerns and loss and separation (Roohafza, Ramezani, Sadeghi, Shahnam, Zofagari, & Sarafzadegan, 2011). This tool is designed for use with both male and female adults. As sexual assault can affect all of the domains of life that are assessed with this tool, it is appropriate for use with survivors to explore its effects on their lives and recovery journey. Factor analysis using a principal components analysis with varimax rotation demonstrated good validity of this tool. A Cronbach's alpha of 0.95 confirmed its reliability (Roohafza, et al., 2011).

**Rape Attribution Questionnaire.** The Rape Attribution Questionnaire is a tool intended to measure a sexual assault survivor's beliefs regarding causation of the assault. Five categories of belief attributions are explored and include behavioral self-blame, characterological self-blame, blaming the rapist, blaming society, and blaming chance (Frazier, 2003). Five items are used to measure each construct. It provides information on the variance occurring with survivors who exhibit greater behavioral self-blame. In a longitudinal study involving 171 females, four month test-retest reliability coefficients were 0.64 (behavioral self-blame), 0.79 (rapist blame), 0.69 (control over recovery), 0.52 (future control), and 0.72 (future likelihood). The test-rest reliability of three psychological subscales were 0.88, 0.86, and 0.75 for depression, anxiety, and hostility, respectively (Frazier, 2003).

**Coping Strategies Inventory.** The Coping Strategies Inventory (CSI) is a 72-item self-reporting tool intended to measure a person's coping thoughts and behaviors in response to a stressor that the person describes in one or two paragraphs. It is composed of 14 total scales. The main subscales include problem solving, cognitive restructuring, social support, expressing emotions, problem avoidance, wishful thinking, and social withdrawal (Tobin, 2001). This tool has been used in sexual assault research in the contexts of examining behavioral self-blame, social withdrawal, social support and religious coping, and survivor response patterns as influences of recovery (Frazier, et al., 2005; Frazier, Tashiro, Berman, Stegar, & Long, 2004; Littleton & Grills-Taquechel, 2011). The CSI has Cronbach's alpha coefficients ranging from 0.71 to 0.94 (Tobin, 2001). Two-week test-retest Pearson correlation coefficients range from 0.39 to 0.61 (Tobin, 2001). Criterion validity testing of this tool is present in several studies in the literature. The CSI was proven to differentiate between samples of symptomatic versus non-symptomatic subjects: depressed versus non-depressed and neurotic versus normal (Tobin, Holroyd, Reynolds, & Wigal, 1985; Tobin, Holroyd, & Reynolds, 1982).

A summation table (Table 2) of the tools previously used in sexual assault studies follows. Most often one effect (i.e. depression) of sexual assault recovery is investigated by each tool and these tools are most often designed for the general population and not specific to those surviving sexual assault. Therefore, multiple tools are often used in the same study to explore the phenomenon of sexual assault recovery and the influences upon that recovery.
There currently exist no tools examining the multifaceted aspects of recovery from sexual assault. Additionally, there are no existing tools which examine how spiritual beliefs and religious practices may influence the recovery process of sexual assault survivors.

Table 2.

*Examination of the Tools Present in the Literature*

| Name of Tool | Psychometric properties | Foci of the Tools | Related to recovery of sexual assault survivors, resilience factors, or spiritual beliefs or religious practices |
|---|---|---|---|
| Brief Coping Orientations to Problems Experienced Scale | Cronbach's alpha 0.62 to 0.92 | assesses a person's response to stress | Used to examine the prevalence of suicidal ideation and attempts following sexual assault, presence of avoidance coping following assault, the effect of social support on level of depression, and presence of self-blame as influenced by social reaction to assault disclosure (Ullman & Najdwoski, 2009; Ullman et al.,2007; Bryant-Davis, et al., 2011; Ullman & Najdowski, 2011; Ullman & Najdowski, 2009 |
| Cantril's Self-Anchoring Scale | comparison between a category rating scale and a self-anchoring scale revealed no difference in reliability and internal consistency | measure wellbeing through a multifaceted continuum from life evaluation to daily affect | Used to assess the psychological wellbeing of sexual assault survivors as correlated to suicidal ideation and attempts (Ben-Ezra et al., 2010) |
| Center for Epidemiologic al Studies Scale | internal consistency 0.85 for the general population and 0.90 in patient samples; test-retest reliability 0.45-0.70 | assess for latent structures of depression among the general population | used to explore serious suicidal ideation and attempts among sexual assault survivors (Ahrens, Abeling, Ahmad, & Hinman, 2010; to investigate presence of depression following sexual assault; Ahrens, et al., 2010; Bryant-Davis, Ullman, Tsong, & Gobin, 2011; Littleton & Grills-Taquechel, 2011; Ullman and Najdowski, 2007 |
| Connor-Davidson Resilience Scale | internal consistency of 0.89 and test-retest reliability of 0.87 and the presence of convergent validity | measures resilience in the general population | employed to study if sexual assault influences a survivor's belief systems (Ben-Ezra et al., 2010 |

Table 2. (continued)

| Name of Tool | Psychometric Properties | Foci of the Tools | Related to recovery of sexual assault survivors, resilience factors, or spiritual beliefs or religious practices |
|---|---|---|---|
| Coping Strategies Inventory | Cronbach's alpha coefficients ranging from 0.71 to 0.94 | to measure a person's coping thoughts and behaviors in response to a stressor | researchers used this tool to assess the psychological wellbeing of sexual assault survivors as correlated to suicidal ideation and attempts (Ben-Ezra, et al., 2010); used in sexual assault research in the contexts of examining behavioral self-blame, social withdrawal, social support and religious coping, and survivor response patterns as influences of recovery (Frazier, Mortensen, & Steward, 2005; Frazier, Tashiro, Berman, Stegar, & Long, 2004; Littleton & Grills-Taquechel, 2011) |
| Nightmare Effects Survey | Cronbach's alpha of 0.87 | evaluates how much nightmares interfere with different areas of a person's life | Used to examine sleep disturbances and nightmares following their attacks used to explore the influence of psychiatric wellbeing on changes in a survivor's belief system (Ben-Ezra, et al., 2010) |
| Posttraumatic Stress Diagnostic Scale | Test-retest reliability assessed using kappa obtaining a score of 0.74 | self-reporting measurement tool that detects the presence and severity of posttraumatic stress disorder | Used to assess the presence of PTSD with sexual assault survivors (Littleton & Grills-Taquechel, 2011; Ullman & Najdowski, 2009; Ullman, Townsend, Filipas, & Starzynski, 2007; Ullman & Najdowski, 2009; Ullman & Najdowski, 2011) |
| Religious Coping Orientations to Problems | Cronbach's alpha 0.67 to 0.94 | measures the influence of religious coping in dealing with major life stressors | Used to determine the use of religious coping to deal with the effects of sexual assault (Ahrens, et al., 2010; Frazier, Tashiro, Berman, Steger, & Long, 2004; Ullman, Townsend, Filipas, & Starzynski, 2007) |
| Sexual Experiences Survey | Pending publication; per Dr. Koss "sound psychometric properties" | measures unwanted sexual experiences including rape, identifies hidden rape victims, and the incidence and prevalence of sexual aggression and sexual victimization occurring in intimate relationships | Used to assess prevalence of sexual assault in a population (Koss, Gidycz, & Wisniewski, 1987) |

Table 2. (continued)

| | | | |
|---|---|---|---|
| Social Reactions Questionnaire | Cronbach's alpha and results ranged from 0.77 to 0.93; test-retest reliability<br><br>$p$ <0.001 level | positive forms of social support and negative social reactions encountered by sexual assault survivors | measures the positive forms of social support and negative social reactions encountered by sexual assault survivors (Borja, Callahan, & Long, 2006; Ullman, Townsend, Filipas, & Starzynski, 2007; Ullman & Najdowski, 2009) |
| Stressful Life Experiences Questionnaire | Cronbach's alpha of 0.95 | assesses for presence of stress in a person's life | investigates for presence of stress in the areas of home life, finances, social relations and pressures, personal conflict, job stress, job security, educational concerns, daily life, sexual life, health concerns and loss and separation following sexual assault (Ullman & Najdowski, 2007) |

Now that the tools found in the literature are reviewed, the thematic categories will be explored. This literature review is organized by the categories of examinations of survivor responses and effects of sexual assault, mediators for recovery, and theories of recovery from sexual assault focusing on religious or spiritual influences.

**Examinations of Survivor Responses and Effects of Sexual Assault**

Survivors' responses to their assaults and the effects of sexual assault widely vary and greatly affect their recovery. Responses represented most strongly in the literature include avoidance coping, depression, suicidal ideation and behavior, posttraumatic stress disorder, presence of self-blame, sleep disorder, and changes in religious perception and belief systems. Examination of each of these responses follows.

**Avoidance coping.** Current literature reflects the survivor response of avoidance coping. Avoidance coping is the refusal or hesitancy by survivors to seek help from formal social support systems (Patterson, et al., 2009). Two studies focusing on survivor responses met the search criteria of this review and reflect the negative survivor response of avoidance coping. In Patterson et al.'s (2009) retrospective, qualitative study of 102 participants, the researchers used

Strauss & Corbin's method and Erickson's analytic induction method to study survivors' use of avoidance coping following sexual assault. The researchers found that survivors believed that formal social systems would not or could not help them. Additionally, many survivors thought that seeking help from formal systems would cause them some degree of psychological harm. Survivors used avoidance coping because they feared they would not be believed as many did not meet the stereotypical picture of a rape victim (i.e. significant physical trauma from the assault, rape by a stranger, rape involving a weapon, etc.). Survivors also turned to avoidance coping because they felt unworthy of receiving services and feared the response of those to whom they disclosed. In the second study by Ullman, Townsend, Filipas, and Starzynski (2007), the researchers found that negative social reactions and the use of avoidance coping led to greater incidence of post-traumatic stress disorder (PTSD) symptoms among survivors. Using a large, diverse sample of 636 females, the researchers further concluded that self-blame and the degree of PTSD symptomatology occurs in a cyclical pattern, each factor potentiating the severity of the other. Self-blame and PTSD symptomatology result from negative social reactions upon disclosure, and these reactions in turn contribute to self-blame and PTSD. These studies inform the study as other studies demonstrate that spirituality promotes healthier coping strategies (Samuel & Kannappan, 2011) and people with a high level of spirituality approach problems by trying to solve them and by seeking out social support (Krok, 2008).. As such, there exists a need to further explore spiritual beliefs and religious practices and their effect on decreasing avoidance coping by survivors thereby improving a sexual assault survivor's recovery process.

**Depression.** Depression is an intense emotional reaction common among sexual assault survivors (Thomas, 1998). Depression is multifaceted and has multiple causative and contributing factors. Among these causative and contributing factors are social support and self-

blaming. Types of self-blame are addressed later in this study. There is evidence that depression occurs alone and as a comorbidity of posttraumatic stress disorder (Au, Dickstein, Comer, Salters-Pedneault, & Litz, 2013; O'Donnell, Creamer, & Pattison, 2004). If left untreated, depression can progress in severity, leading to suicidal ideation and behavior. Spiritual beliefs and religious practices can affect an individual's level of depression. Nelson, Rosenfeld, Breitbart, and Galietta (2002) found that spiritual well-being can have beneficial aspects on the level of depression. Likewise, Ahrens, Abeling, Ahmad, and Hinman (2010) assert that positive religious coping is related to increased levels of well-being and decreased levels of depression. As such, the influence of spiritual beliefs and religious coping on the depression level of sexual assault survivors merits future research.

**Suicidal ideation and behavior.** Perhaps the most severe response to sexual assault is suicidal behavior. Past research demonstrates that adult sexual assault is associated with increased risk of suicidal behavior (Ullman, 2004). In a later qualitative, retrospective study of 969 females using widely accepted tools, Ullman & Najdowski (2009) found suicidal ideation among sexual assault survivors is prevalent. The researchers found those survivors who reported having a feeling of greater control over their recovery process also reported having less suicidal ideation and fewer suicidal attempts. Survivors with a history of additional traumas and with a history of alcohol and/or drug abuse have a greater number of suicide attempts. Those who professed the greatest amount of suicidal ideation were the younger survivors, those of minority status, bisexuals, and those who profess a large amount of self-blame regarding the assaults. Poteet (2007) asserts that health care clinicians can help those who feel hopeless, alone, unable to find meaning, and are at risk of suicide improve their condition by guiding them toward spirituality.

**Posttraumatic stress disorder.** Posttraumatic stress disorder (PTSD) is a

“mental health condition that is triggered by a terrifying event – either experiencing it or witnessing it. Symptoms include flashbacks, nightmares and extreme anxiety, as well as uncontrollable thoughts about the event” (Mayo Clinic, 2014). Determinants of the occurrence and severity of PTSD include the severity of the assault such as “offender violence, severity of sexual acts, and physical injury, self-blame attribution, multiple sexual victimization, and avoidance coping” (Ullman, et al., 2007). When specifically examining PTSD in the context of sexual assault, a study by Ullman et al. (2007) is certainly worth noting. In this study, a sample of 636 diverse women were surveyed. Structural equation modeling was employed to examine relationships between factors thought to cause or worsen PTSD and PTSD itself. Assault severity, global support, negative social reactions, avoidance coping, self-blame, traumatic life experiences, and PTSD were examined. Results of this study demonstrated that negative social reactions and avoidance coping have the strongest influence on PTSD symptoms (Ullman et al., 2007). Additionally, victim self-blame as it is associated with PTSD may be the result of negative social reactions from others (Ullman et al., 2007). The severity of PTSD can be decreased with spiritual coping (Langman & Chung, 2013).

**Self-blame.** Self-blame is a common occurrence following sexual assault and has been shown to exacerbate distress, depression, avoidance coping, and posttraumatic stress disorder (Frazier & Schauben, 1994; Najdowski & Ullman, 2009; Miller, et al., 2010; Ullman, et al., 2007). Self-blame is divided into two categories: behavioral and characterological and arises from the survivor’s attempt to understand why the rape occurred. Behavioral self-blame focuses on the survivor’s behaviors which may have contributed to the sexual assault occurrence while characterological self-blame examines the survivor’s characteristics. Behavioral self-blame is control-related and is associated with the future belief in the ability to avoid a negative

occurrence (Janoff-Bulman, 1979). In her seminal study, Janoff-Bulman demonstrated behavioral self-blame is the most common response of rape victims.

Several recent studies examine the effect of self-blame on the recovery process of sexual assault survivors. In a study of 149 undergraduate sexual assault survivors, self-blame predicted negative outcomes including “distress, psychological symptoms, ineffective coping, and sexual revictimization” (Miller, et al., 2010, p.1129). In another study examining 969 female adult sexual assault survivors, the researchers found that more traumatic life events and more self-blame were related to greater PTSD symptoms (Najdowski & Ullman, 2009). In a study by Koss and Figueredo (2004), the results of a longitudinal study of 59 sexual assault survivors demonstrated that characterological self-blame initially set the level of psychosocial distress following the assault and that successfully reducing behavioral self-blame fostered recovery.

**Sleep disorders.** Sleep disorders such as insomnia, altered sleep patterns, and frequent nightmares occur often in sexual assault survivors and are associated with PTSD (Krakow, et al., 2000; Martinez, et al., 2005; Thomas, C., 1998). Additionally, such sleep disorders contribute to and increase the severity of depression and suicidal behavior. In a study by Krakow et al. (2000), 153 women who complained of chronic nightmares, insomnia, and who had a history of assault were evaluated. Those subjects with breathing and sleep movement disorders were associated with more severe depression and suicidality scores as assessed on the Hamilton Depression Rating Scale. This study suggests that the presence of sleep disorders may have a significant impact on the recovery process of the survivor.

**Change in religious perception and belief systems.** One study focused on a change in religious perception of sexual assault survivors. In the 2010 Ben-Ezra et al. quantitative study of 111 Jewish female participants, change in religious perception after the assault was studied. Approximately half (47.5%) of the participants changed their religious perception and belief and

turned toward secularization. As a result of this change in belief system, many participants exhibited additional psychiatric symptoms. These symptoms included greater sense of stigmatization, greater depressive symptoms as measured by the Short Center for Epidemiologic Studies-Depression Scale, greater PTSD symptoms as measured by the PTSD Checklist-Civilian scale, greater sleep disturbances as measured by the Nightmare Effects Survey, lower degree of resilience as measured by the Connor-Davidson Resilience Scale, and decreased feelings of past and future life satisfaction as measured by Cantril's Self-Anchoring Scales. This turn from religious belief to secularization demonstrates the degree to which a significant trauma may destroy the beliefs of a benevolent, controlled, and just world which are core beliefs of the Jewish faith. As some individuals rely on their faith systems to provide strength during times of crisis, this finding is significant when considering interventions to promote resilience and decrease PTSD symptomatology, suicidal ideation and attempts.

**Influence of Religion and Spirituality on Responses Shared by Sexual Assault Survivors and Other Populations**

Those responses and effects examined in contexts other than sexual assault include stress, coping, depression, PTSD, and quality of sleep. As sexual assault is a traumatic experience, survivors undergo tremendous stress. How the survivor manages this increased stress and copes with the assault occurrence greatly influences their recovery process. Some research reveals that religion may act as both a stress buffer and a stress deterrent and that religion and spirituality positively correlate with the ability to cope with stress (Graham, Furr, Flowers, & Burke, 2001; Siegel, Anderman, and Schrimshaw, 2001). In the previously cited Ben-Ezra et al. study (2010), the researchers found a change in religious perception and belief after the assault. As a result of this change in belief systems, many participants exhibited additional psychiatric symptoms. The Ben-Ezra et al. (2010) study supports the findings of Graham et al. (2001) and Siegel et al.

(2001) by demonstrating that the participants' turning away from traditional belief systems contributes to a greater degree of psychiatric symptoms.

**Depression.** Multiple areas of investigation exist in the literature pertaining to religion and spirituality's influence on depression among varied populations with a broad range of health issues. These studies demonstrate that spirituality moderated depression, lessening the symptom burden of heart failure patients and that spirituality was also shown to moderate depressive symptoms among active duty military personnel (Gusick, 2008; Hourani, 2012). In other studies, religion exerted a strong positive effect on the health of elderly persons by decreasing depression and that lower levels of depression were associated with trust in God and positive religious coping among a Jewish population (Idler & Kasl, 1992; Krumrei, et al., 2013). In a study focusing on older adults, those undergoing therapy for anxiety and depression preferred the inclusion of religion and spirituality as part of their treatment (Stanley, et al., 2011). As clearly demonstrated, the influence of religion and spirituality on depression has been extensively investigated and could influence survival and recovery among sexual assault survivors.

**PTSD.** Several studies examining the role of religion and spirituality upon PTSD exist in the literature. Borman, Liu, Thorp, and Lang (2012) asserted that existential spiritual well-being encouraged reductions in PTSD symptoms as reported by combat veterans. Wortmann, Park, and Edmondson (2011) determined that the degree to which spirituality, in particular spiritual struggle, influenced PTSD requires further investigation to ascertain its mediating role in this complex situation.

**Self-blame.** The role of religion and spirituality on decreasing self-blame has been explored in other contexts than sexual assault literature. Friedman et al. (2010) found that breast cancer survivors who used spirituality to counteract self-blame and promote self-forgiveness resulted in better diagnosis adjustment.

**Sleep quality.** Sleep quality has been evaluated in other patient populations. Phillips et al. (2006) examined the role of spiritual well-being on the sleep patterns of HIV-infected individuals and found that spiritual well-being significantly affected the quality of sleep experienced by this population (Phillips, Mock, Bopp, & Hand, 2006). Spiritual well-being was a positive influence on quality of sleep while religious well-being did not contribute to quality of sleep within this population.

As demonstrated in current literature, spirituality has been shown to have positive influences on symptoms common to sexual assault survivors. The exact role has not been studied. The potential is unknown which warrants further study of the subject matter.

**Mediators for recovery**

Mediators for recovery from sexual assault common in the literature include the use of religious coping (Ahrens, et al., 2010; Bryant-Davis, et al., 2011; Frazier, et al., 2004) , spousal support (Billette, et al., 2008), telling of the assault experience as therapeutic (Campbell, Adams, Wasco, Ahrens, & Sefl, 2010), perceptions of control (Frazier, P., 2003; Frazier, et al., 2005; Frazier, et al., 2004), belief in a just world (Fetchenhauer, Jacobs, & Belschak, 2005), self-blame (Frazier, et al., 2005; Koss & Figueredo, 2004), social withdrawal (Ullman & Najdowski, 2011), social support (Borja, et al., 2006; Bryant-Davis, et al., 2011; Campbell, et al., 2010; Frazier, et al., 2004; Ullman & Najdowski, 2011), and coping patterns (Littleton, H., 2007). As sexual assault survivors struggle with changes in religious perception, depression, PTSD symptoms, suicidal ideation and attempts, and changes in social support including possible social withdrawal following the assault, discovering factors which may decrease negative effects and responses and strengthen positive recovery is an important area of exploration. As the study seeks to explore spiritual beliefs and religious practices of sexual assault survivors during the

recovery process, it is important to note that both of these potentially impacts these mediators. An overview of the mediators with greatest relevance to the study follows.

**Religious coping.** Religious coping as a mediating factor is represented both positively and negatively in the literature. "Positive religious coping includes a variety of methods that help individuals feel close to God, see meaning in life, and feel spiritually connected to others while negative religious coping results in struggles and disconnection" (Ahrens, et al., 2010, p. 1244). In a study by Ahrens et al. (2010), the researchers discovered that different ethnicities embrace religious coping differently. Among the 103 participants in this study, Caucasian participants demonstrated a strong relationship between positive religious coping and posttraumatic growth. In contrast, African Americans used both negative and positive religious coping more than any other ethnicity in the study. Another study by Frazier, Tashiro, Berman, Stegar, and Long, (2004) also demonstrated that religious coping was a positive mediator for survivors during recovery. Although these studies presented religious coping as a positive mediator during recovery, a study by Bryant-Davis, Ullman, Tsong, and Gobin (2011) demonstrated that religious coping was a negative mediator and caused greater depression and greater PTSD symptoms among survivors. The study sought to determine if religious coping is present in the survivors' recovery journeys.

**Social support.** Social support includes acceptance of the survivor's experience and an absence of judging the survivor's appearance, behavior, and circumstances as contributing to the assault by those to whom the assault is disclosed. Such social support is shown to positively mediate the recovery process. In a study by Borja, Callahan, and Long (2006), informal support resulted in positive outcomes and fewer PTSD symptoms. Increased social support was associated with less depression and less PTSD symptoms in a study by Bryant-Davis, et al. (2001). Social support resulted in positive life change following assault in a study by Frazier et

al. (2004). The lack of social support may contribute to an increase in negative effects and responses to sexual assault. Ullman et al.'s 2007 study asserted that negative social reactions may increase the survivor's amount of self-blame, consequently increasing PTSD symptoms. Integral to obtaining positive social support is the telling of the assault experience. As religion offers a framework for social support, the study examined its presence and use by the survivor.

**Telling of the experience.** While many might think that a survivor's retelling of the assault experience would be traumatic for the survivor, a 2010 study by Campbell, R. et al. demonstrated that telling of the experience may actually prove beneficial to the survivor's healing process. In their qualitative study involving 92 adult female survivors, the participants conveyed that participating in research interviews involving their assault experience was beneficial to them. Many of the participants categorized participating in the interviews as "helpful, healing, therapeutic, supportive, useful, insightful, and comforting" (Campbell, et al., 2010). Campbell et al.'s (2010) study lends support for the phenomenological study as the participants shared their stories with the researcher.

**Regain of control.** Another positive mediator for the survivor is the perception or regain of control. In several studies by Frazier and colleagues, regaining the perception of control was instrumental in controlling the negative effects of sexual assault. In a 2003 study, Frazier demonstrated that the survivor's perception of control changes in a linear fashion. In a 2004 follow-up study by Frazier et al., the researchers found perceived control over the recovery process by the survivor led to positive life change. Examples of positive life change include receiving greater social support post-assault, low levels of disregard from those to whom they chose to disclose the assault, and lower levels of shame. In another study by Frazier et al. (2005), control over recovery is associated with less distress and less social withdrawal for the survivor. The method for this completed study is supported by this positive mediator of regain of

control. The participant chose whether to participate in the study and how much and what elements of her story to tell. As a result of these decisions, those participating in the study achieved an element of regaining control.

**Belief in a just world and self-blame.** Other strong mediating influences on a survivor's recovery are belief in a just world and perceived causal influences of her assault. Belief in a just world "refers to the degree to which people think that the world is fair and just (i.e. that people usually get what they deserve and deserve what they get)" (Fetchenhauer, D., 2005, p. 26). In Janoff-Bulman's study (as cited in Ben-Ezra, 2010), belief in a just world refers to the survivor's belief in a "benevolent, controlled, and just world" (Ben-Ezra, 2010, p. 11). Causal influences can be categorized into behavioral self-blame and characterological self-blame. Behavioral self-blame, in the context of victimization, refers to the victim blaming their negative experience on their own action(s) (i.e. being in the wrong place at the wrong time) (Fetchenhauer, D., 2005). In contrast, characterological self-blame pertains to the victims' personalities or characters as being the main causative factors of the negative life experience (i.e. being weak or shy) (Fetchenhauer, D., 2005). Behavioral self-blame beliefs can be corrected leading to a greater sense of control while characterological self-blame tends to lead to lower self-esteem and feeling as if future victimization is inevitable. In a quantitative study of 62 subjects, Fetchenhauer, Jacobs, and Belschak (2005) determined the greater the subjects adhered to beliefs in a just world, the better their post-assault adjustment and correspondingly, the greater they adhered to behavioral self-blame beliefs. In contrast, the greater they adhered to characterological self-blame, the less they believed in a just world. In the Ben-Ezra study, attributing greater emphasis on the survivor's personality or character (characterological self-blame) as causative influences of the assault led the survivor to believe less in the world being controlled by a spiritual influence and intended for the well-being of all.

Another study examining the influence of self-blame on recovery was conducted by Koss and Figueredo (2004). In Koss and Figueredo's longitudinal 2-year study, a sample of 59 female assault survivors was assessed on four different occasions. Similar to the Fetchenhaer et al. study (2005), the researchers determined that the survivors' adherence to characterological self-blame initially determined the amount of psychosocial distress experienced post-assault. The more a survivor blamed her own personality or character as influential on the assault occurring, the more distressed she was after the assault, negatively affecting her health status.

Characterological self-blame resulted in significant maladaptive beliefs (inaccurate, harmful patterns of thoughts and beliefs). When the survivors reduced their behavioral self-blame, their psychosocial distress also decreased, therefore, fostering greater recovery. Guiding survivors to examine their assault through the paradigm of believing in a just world, to examine their behaviors in relation to their assault without attributing blame for the assault to their behaviors, and to view their character in a positive rather than negative light appears to positively affect their recovery. Other possible mediators for recovery are religious or spiritual influences. As previously mentioned, spiritual beliefs and religious practices provide a framework for understanding of the event by the survivor. This framework may include beliefs of a supreme being who controls the world, justice present in the world, and provide meaning and understanding for why the sexual assault occurred. Such a framework will alleviate self-blaming behavior by the survivor and provide a sense of a just world. The study may guide the survivor in discovering such a framework for resolution of these issues as she participates in the study.

**Conclusions and implications for future studies.** Mediators build bridges between parties to arrive at a solution. In the context of mediators for recovery from sexual assault, methods to assist the survivor in moving from a state of trauma to a state of acceptance and stability are vital. As demonstrated, religious coping can function in both positive and negative

ways to affect recovery. Additionally, the actual telling of the experience by the survivor and the perception of regaining control has proven beneficial. One might assume that the decision to tell their story might impart a sense of control as they decide how, when, and where to share their experience. Survivors' beliefs surrounding a fair and just world may help them to understand their experience and accept its occurrence. And finally, self-blame is demonstrated in the literature as both a response to sexual assault and as a mediating factor of recovery.

Religion can be a source of strength, faith, and forgiveness as well as a source of judgment and condemnation. A religious organization may provide a source of positive social support for the survivor or provide a negative reaction to the experience. The survivor's personal spiritual and religious beliefs inform her views of a fair and just world while also influencing any self-blame she is experiencing. Behavioral self-blame may focus on her actions in the context of morality and religious codes while characterological self-blame may focus on her feelings of status and belonging within her spiritual or religious organization. Spiritual and religious beliefs may decide whether she tells of her experience as it may be met with judgment, condemnation, acceptance, or love. Finally, spiritual and religious beliefs may provide her a much-needed source of strength for regaining control or they may prove detrimental and diminish control from the survivor. The influence of spiritual and religious beliefs upon a sexual assault survivor's recovery journey has received limited attention in the research literature (Duma et al., 2007; Knapik et al., 2010). As it has been demonstrated that spiritual and religious beliefs may greatly influence multiple mediators of sexual assault recovery, additional exploration is necessary to obtain a fuller and more complete understanding of this phenomenon.

**Theories of recovery from sexual assault focusing on religious or spiritual influences**

As demonstrated, responses to sexual assault, effects of sexual assault, and mediators for recovery from sexual assault are represented in the literature. Responses to sexual assault and

effects of sexual assault are published in psychology and mental health. These responses and effects include avoidance coping, depression, suicidal ideation and behavior, posttraumatic stress disorder, self-blame, sleep disorders, and change in religious perception and belief systems. Additionally, the majority of mediators for sexual assault recovery also originate from psychology and mental health and are fairly broad in scope. They include religious coping, social support, telling of the assault experience as therapeutic, perceptions of control, belief in a just world, self-blame, social withdrawal, social support, and degree of characterological self-blame. In contrast, despite a multi-disciplinary search strategy, sexual assault recovery as examined through the lens of religious or spiritual theory is represented by only one published study matching the inclusion criteria. Duma et al. (2007) explored the recovery process of sexually assaulted women in the first six months following the attack. Using inductive and deductive analysis, a grounded theory provides a series of concepts pertaining to spirituality, including “awakening,” “pragmatic acceptance,” “turning point,” “reclaiming what was lost”, “defining own landmarks for healing and readiness for closure” (Duma et al., 2007). The study focuses on a survivor’s struggle to return to self.

The current study, although phenomenological in method, builds upon Duma et al.’s (2007) findings to examine recovery as based in a spiritual or religious framework. As spiritual beliefs and religious practices provide a framework for seeking meaning and understanding to an event, the study explored each participant’s use of that framework to attribute meaning and understanding to her sexual assault. This study will examine whether such attribution leads to positive or negative progress, stagnation, or resolution in their recovery journey.

**Awakening.** “Awakening” includes the concepts of “self-blaming, blaming God for allowing rape to happen, guilty feelings and being blamed, allowing someone to take control, conflict of beliefs, seeking help and selective disclosure” (Duma et al., 2007, p. 13). During this

point of the post-assault recovery, the survivor attempts to ascribe meaning to her experience. The woman seeks help relying on others' decisions, guidance or acting in her 'best interest'. Selective disclosure grants the survivor a sense of control by allowing her to determine which specifics, if any, of the assault, she chooses to tell and to whom.

**Pragmatic Acceptance.** During the phase of "pragmatic acceptance," the survivor begins to rationalize what has occurred and tries to come to a point of acceptance. Subcategories of this phase include "giving acceptable reasons for why the event of rape occurred, such as rape being God's will, rape as an experience that happens to good as well as bad people, rape happening to believers and nonbelievers alike, and rape as a tool of war" (Duma et al., 2007, p. 14).

**Turning point.** "Turning point," identified as a core category of this theory, involves the point at which the survivor begins to take control and responsibility for her own healing. This point in the recovery is listed as fostering a decisive change in the survivor. This important category of the theory can occur at different points of recovery for each individual. It includes the subcategories surrounding the time in which the assaulted defines self "as a survivor or victim of sexual assault, taking control and responsibility about what goes on, symbolic actions and the face of the rape victim versus the face of the survivor" (Duma et al., 2007, p. 14). This change in thinking leads to the survivor feeling empowered, viewing themselves changing from helpless to strong. "Turning point" is considered a core category of this theory as it provides an explanation of why survivors' recovery journeys vary in length and may display achievement of different milestones throughout.

**Reclaiming what was lost.** "Reclaiming what was lost" involves the assaulted person's "recognition and acknowledgment of the aspects of self which were lost through the event of sexual assault and immediately thereafter, how the participant valued those lost aspects of her

life, grieving for what was lost, the presence of the motivator that provides the impetus for active strategies in reclaiming that which was lost, such as a need for self-defense" (Duma et al., 2007, p. 15). Those components of self which were initially lost from the assault include "freedom to walk freely, loss of spiritual self, loss of trust for men, power of self-defense, self-doubt, doubting God's presence, and religious beliefs" and sexual intimacy among couples (Duma et al., 2007, p. 15).

**Defining own landmarks and readiness for closure.** "Defining own landmarks" was described by this study's participants as what they regarded as a point of recovery from sexual assault and the meaning they attributed to their recovery experiences. The components of this category included:

> being able to talk about the event of rape without feeling pain; having a good appetite and weight gain; acknowledging the time needed for the grieving process; getting out of the grieving process; remaining HIV-negative and maintenance of negative HIV status; and readiness to confront the rapist to forgive him and restoration of (health) (Duma et al., 2007, p. 15).

"Readiness for closure" infers that although survivors desire a point of closure, actual closure may be elusive. Included in this state of readiness was the "desire to see justice done, willingness to see the rapist imprisoned and sentenced appropriately…, and God doing something to the rapist or religious justice" (Duma et al., 2007, p. 16). The researchers concluded that most survivors arrive at a point of closure during their recovery journey. Seeking of justice was sought after by the survivor's partner as well as the survivor herself.

**Returning to self.** Characteristics of "returning to self" include the assaulted referring to herself as survivor instead of victim or as her "old" self. Additionally, the assaulted refusing to be defined by sexual assault, demonstrating strength, desiring her former life structure to be back

in place, identification of coping strategies, and verbalizing triggers that will be a reminder of the assault are all characteristics of this category (Duma et al., 2007, p. 17).

Although only one theory highlighting religious and spiritual influences on recovery was identified in the literature review, the findings of the study forming the foundation of a grounded theory are insightful. The identified concepts within this study may be evident in future qualitative studies on sexual assault.

While Duma et al.'s (2007) study makes a significant contribution to sexual assault research literature, the authors limit their examination of the recovery phenomenon to a very specific time period of six months post assault. As the time span for recovery differs for each survivor with some extending into several years, there remains much to be discovered about the phenomenon of sexual assault recovery beyond the six month period. While each of the concepts identified by Duma et al. (2007) was experienced by the participants of that study, one cannot speculate that a survivor will experience each stage or concept within the first six months post-assault. Many survivors may have prolonged recovery periods, reaching the stages or concepts outlined by Duma et al. at different points over many years. The findings of the present study are compared to Duma et al. stages in Chapter 5.

Additionally, Duma et al.'s (2007) study was the only one in the literature that focused on women. Females and males display different responses, effects, and mediators during sexual assault recovery particularly in the areas of rape myth acceptance, gender role attitudes, and victim blaming (Davies, Gilston, & Rogers, 2012). While Knapik, Martsolf, Draucker, and Strickland (2010) also explored the phenomenon of sexual assault recovery as affected by spiritual and religious beliefs, their population included both male and female survivors. Although Knapik et al.'s work resulting in the spiritually-based "Being Delivered" theory informed this study, it did not meet the literature review's inclusion criteria for female-only

populations. This study explored the phenomenon of sexual assault recovery as experienced by females, seek to specifically describe the presence of spiritual beliefs and religious practices as mediators, and further inform the literature as specific to the experience of female survivors.

**Conclusion**

Sexual assault affects an individual in multiple ways, eliciting a myriad of responses. Such effects and responses are not singularly focused but influence every aspect of a survivor's life. All of these influence sexual assault survivors psychologically, sociologically, and emotionally. Additionally, depression, suicidal ideation and behavior, PTSD, and sleep disorders impact the survivor's physical health. And all may shape a survivor's spiritual well-being as spirituality integrates the physical, psychological, social, and emotional aspects of a person's life.

The literature review included the tools used to study sexual assault. These quantitative tools are prevalent in the disciplines of psychology and sociology. The tools have established their reliability and validity. However, they do not describe the survivors' experiences or focus on spirituality and religious practices and beliefs. Survivor responses to and effects of sexual assault as found in the literature review were also examined. Survivor responses of avoidance coping, suicidal behavior and changes in religious perception were represented in the literature. Mediators for recovery of sexual assault generally assist in lessening detrimental effects of the assault and include the use of religious coping, social support, telling of the assault experience as being therapeutic for the survivor, perceptions of control, belief in a just world, self-blame, social withdrawal, social support, and characterological self-blame. To align with the author's interest in examining theories of sexual assault recovery focusing on religious or spiritual influences, two specific studies were located and described. Only one study was located that provided multiple concepts illustrating religious and spiritual influences on a survivor's recovery process. The study presented a theoretical understanding of the immediate recovery process of sexually

assaulted females describing six specific stages.  As demonstrated by this literature review, a gap exists in the current literature examining sexual assault recovery as influenced by spiritual beliefs and religious practices. In addition, there are limited qualitative investigations. The long-term effects of sexual assault have not been investigated nor has the sexual assault experience in the absence of other life trauma been examined in adult females. The present study focuses on these gaps in the literature.

CHAPTER 3

# RESEARCH METHOD

The aim of this study is to examine the lived experience of adult female sexual assault survivors including the influence of spirituality and religious practices upon the recovery process. The central research question guiding this study is “What is the lived experience of recovery by a female sexual assault survivor over time? Additional questions include “ How have spiritual beliefs and religious practices influenced the recovery process?” and “Do survivors use spirituality and/or religious practices to promote their own recovery following sexual assault?”

This researcher personally believes that spiritual and religious beliefs and practices mitigate the long-term effects of sexual assault and in fact, aide the healing process for many survivors. As the literature review for this study demonstrated, there is some evidence that spirituality mediates or influences depression, PTSD, self-blame, suicidal behavior, stress, coping, and quality of sleep. As these are common responses to sexual assault, it is reasonable to consider spirituality and religion’s influence on these responses for the sexual assault survivor. As phenomenology facilitates exploration of the recovery journey for the presence of those responses and the influence of spirituality and religion, this method is well-suited for the study. Additionally, as spirituality is considered an integral component of holistic nursing, attention to this area in the study of sexual assault survival is needed to promote deeper understanding of the recovery experience and to assist in designing patient centered interventions.

## Phenomenology

Phenomenology is “derived from the Greek word *phainomenon* which is the present participle of the verb *phainesthai*, to appear, and thus designates what appears to us or the

*appearing* as such" (Lewis & Staehler, 2010, p. 7). Rooted in philosophy and psychology, phenomenology is a qualitative research approach which explores the experience of those living a particular phenomenon, leading the researcher to gain a full and deep understanding of the experience as conveyed by the person living the experience first-hand. In contrast to a narrative study which focuses on a single individual, phenomenology describes the lived experience of several people (Creswell, 2007). "It assumes that we make sense of lived experience according to its personal significance for us, and implies that experiential, practical and instinctive understanding is more meaningful than abstract, theoretical knowledge" (Standing, 2009. p. 20). "Phenomenology focuses not on *what* appears, but on *how* it appears" (Lewis & Staehler, 2010, p. 1). Examples of phenomena in nursing science include grief, dying, pain, and childbirth.

A main goal of phenomenological research is obtaining complex, vivid descriptions of a human experience as it was lived in the context of time, space, and relationships (Finlay, 2009; van Manen, 1994). Through careful exploration, the researcher seeks to gain understanding of events through the lens of the participant. The research data resulting from phenomenological research are detailed, narrative accounts by the participants regarding their knowledge and experience regarding a subject of study (Lopez & Willis, 2004). "Phenomenology does not produce empirical or theoretical observations or accounts but rather offers accounts of experienced space, time, body, and human relation as we live them" (Van Manen, 1994, p. 184). A researcher must try to understand the world in which the experience occurred as described by the participant. This study embraced the understanding of each participant's world and their experiences as obtained through individual participant interviews.

**Descriptive versus Interpretive Phenomenology.** Two phenomenological approaches exist: descriptive and interpretive. Descriptive phenomenology is primarily derived from the

work of Husserl with his primary question being "What do we know as persons?" and focused on describing human experience as "understood and described from the perspective of those who have had the lived experiences and are able to describe it" (Polit & Beck, 2008, p. 228; Ironside, 2005, p. 204). Among Husserl's assumptions was that human experience possesses value and qualifies to be an object of scientific study (Lopez & Willis, 2004). Husserl believed those who used phenomenology as a research method had to put aside their own experience, pre-conceptions, and theoretical leanings, a reduction practice known as *bracketing*. Husserl believed that true understanding of a phenomenon was obtained only when bracketing was performed. Therefore, the researcher must examine the phenomenon "in the right way" with that "right way" occurring with bracketing (Lewis & Staehler, 2010, p. 5). In essence, the researchers should exclude their emotions and preconceptions from the method. If the researcher fails to appropriately bracket out experiences, pre-conceptions, and theoretical leanings, he or she fails to see the phenomenon by its true qualities and aspects. Another of Husserl's assumptions is called *universal essences* or *eidetic structures*. These terms refer to common aspects among those who have lived the same experience and as such, need to be generalized in order to contribute to the science (Lewis & Willis, 2004).

An example of bracketing in research follows. A researcher who is a mother of a premature infant chooses to study the phenomenon of mothering premature children cared for in neonatal intensive care units. Before beginning to interview the study's participants, the researcher must examine her own experiences, emotions, and thoughts regarding the stay of her premature infant in the neonatal intensive care unit. Once she identifies those experiences, emotions, and thoughts, she must be aware of and account for their influence while conducting the interviews, analyzing the data, and drawing conclusions from the data.

***Four steps of descriptive phenomenology.*** Four steps occur in descriptive phenomenology: bracketing, intuiting, analyzing, and describing (Polit & Beck, 2008). Intuiting involves "remaining open to the meanings attributed to the phenomenon by those who have experienced it" (Polit & Beck, 2008, p. 228). By using this process, the researcher tries to approach the phenomenon in a fresh, somewhat naïve manner (Finlay, 2009). Analysis focuses on identifying and extracting important statements and reflections by those interviewed, categorizing them, and evaluating them for their contribution to understanding the studied phenomenon. Researchers perform the last step by simply describing their conclusions which were drawn from the data analysis.

***Heidegger's Perspective.*** Heidegger, a student of Husserl, came to believe that researchers are not able to completely bracket out their own experience, pre-conceptions, and theoretical leanings. The rejection of bracketing and inclusion of context is essential to the epistemological underpinnings of Heideggerian hermeneutics. It is only through an individual's placement in the world that correct interpretation occurs. "Historically, a person's history or background, includes what a culture gives a person from birth and is handed down, presenting ways of understanding the world. Through this understanding, one determines what is 'real'" (Laverty, 2003, para 3). Heidegger believed one could never be free of background. Rather, researchers gain enhanced understanding and meaning of a phenomenon when contextualizing it in their own life experiences. This history and context is not something that can be reduced or bracketed to reach a better or more accurate state of understanding rather it contributes to the depth of understanding. He used the term lifeworld to demonstrate that an individual's reality is always influenced by their surrounding world and cannot be separated from it. As such, all experience is interpreted within the social, cultural, and historical context of the phenomenon; investigating the relationships, interactions, physical experiences, social experiences, and so on.

According to Heidegger, to think that consciousness can experience itself in the absence of the world is false (Lewis & Staehler, 2010). His aim is to let the "things of the world speak for themselves" (Van Manen, 1994, p.184). Our arrival at meaning of an experience or being is colored by the researcher's background and experiences. This transaction between the researcher, their background and context, and interpretation of being is ongoing and connected throughout the research process. A discussion of interpretive phenomenology and Heidegger's conceptual framework follows.

***Interpretive Phenomenology***. Interpretive phenomenology derives from the philosophies of Heidegger and Gadamer and strives to understand the meaning of being in the world (Ironside, 2005). The primary question in this research is "What is Being?" and stressed interpreting and understanding over merely describing human experience (Polit & Beck, 2008, p. 228). An essential concept of interpretive inquiry is *situated freedom. Situated freedom* "means that individuals are free to make choices, but their freedom is not absolute; it is circumscribed by the specific conditions of their daily lives" (Lopez & Willis, 2004, p. 729). The concept of *situated freedom* guides the researcher to "focus on describing the meanings of the individuals' *being-in-the-world* and how these meanings influence the choices they make" (Lopez & Willis, 2004, p. 729).

Another concept of Heidegger's is that the researcher's knowledge contributes to the study or *co-constitutionality. Co-constitutionality* means the meanings arrived at by the researcher in interpretive research are a "blend of the meanings articulated by both participant and researcher within the focus of the study" (Lopez & Willis, 2004, p. 730). He asserted that the researcher's knowledge is valuable in guiding the study to specific areas of inquiry in order to produce useful knowledge of that specific phenomenon or lived experience. Without the

researcher's knowledge influencing the direction of the interview, pertinent information may not be obtained.

**Phenomenology and its fit with nursing research.** Phenomenological research is an appropriate choice when beginning to research areas not previously explored, particularly for certain nursing phenomena. "Because nursing is an art and a science that concerns itself with human responses to actual and potential health problems, specialized knowledge for the practice of nursing must reflect the lived, contextual realities and concerns of the clients for whom nurses provide care" (Lopez & Willis, 2004, p. 726). As nursing research primarily concerns itself with the care and experiences of patients, phenomenology provides a method to investigate that care and experience from the beginning, investigative stages to the later stages when specific areas of inquiry are followed to elicit additional detail and further knowledge. As nursing researchers examine experiences, they must interpret meanings from those experiences in a practice known as hermeneutics.

**Hermeneutics.** "Speech is civilization itself. The word… preserves contact – it is silence which isolates." These words by Thomas Mann from his work *The Magic Mountain* form the opening of a book authored by Nancy Venable Raine, a sexual assault survivor. In her work, *After Silence: Rape and My Journey Back*, Raine details the trauma and recovery from her sexual assault in 1985. Throughout her story, Raine struggles to find words to describe her existence, her changed being following the assault, and her need to share her experience with others in order to heal. Raine asserts that words give meaning. Reflecting on her philosophy that "the limits of language are the limits of reality" (Raine, 1998, p. 3), Raine strives to describe her experience and unknowingly acknowledges the relevance of using Heideggerian hermeneutics to interpret, add meaning, and understanding to this phenomenon.

Hermeneutics is the theory and practice of interpretation (Van Manen, 1994). It involves interpreting the text of interviews to isolate common themes, thereby gaining understanding and meaning of the phenomenon. This term focuses on entering "another's world to discover the practical wisdom, possibilities, and understandings found there" (Polit & Beck, 2008, p. 229). According to Spielgelberg, hermeneutics is a "process and method for bringing out and making manifest what is normally hidden in human experience and human relations" (Lewis & Willis, 2004, p. 728). Through analyzing the texts of interviews, the researcher can uncover common themes as shared by the participants to gain new knowledge about living through a particular phenomenon or life experience.

***Hermeneutical Phenomenology.*** Hermeneutical phenomenology relies on both interpretation and description of the lived experience. "It is a descriptive (phenomenological) methodology because it wants to be attentive to how things appear, it wants to let things speak for themselves; it is an interpretive (hermeneutic) methodology because it claims that there are no such things as uninterpreted phenomena" (van Manen, 1994, p. 180). According to van Manen (1990), Heidegger was not seeking to live out another's experience but his aim was to identify and understand the possibilities of living such an experience. The researcher exists in the 'always-already'. This 'always-already' is a point in the world at which the researcher tries to grasp what is present for the truth but to only have it disappear as our 'always-already' is in constant flux (Smythe, Ironside, Sims, Swenson, & Spence, 2008).

In the process of interpreting a text, one arrives at those possibilities. Interpretation of the text occurs in a circle, the hermeneutic circle. The researcher uses the hermeneutic circle to gain understanding of the phenomenon. This process involves the "researcher moving from parts of the experience, to the whole of the experience, and back and forth again and again to increase the depth and level of understanding from within the text" (Laverty, 2003, para.15). The

participants describe their lived experiences; the researcher analyzes their accounts while reflecting on her own lived experiences and comes to an understanding of the phenomenon within the context of her own world. This process of understanding circles through multiple cycles resulting in a full and deep understanding of the phenomenon. Reading and re-reading of the texts is performed with identification of themes as an aim. The themes present within an individual text are sought across all texts to identify common themes. Such related themes are interpreted and shared by a team of researchers or entered into qualitative software to identify areas of vagueness. Re-examination of the texts occurs with further clarification and definition of themes occurring. The researchers continue this circle of examining and re-examining the texts to identify patterns which may emerge. Those patterns identified should be present in all texts and serve to deepen the meaning of the phenomenon as understood by the researcher. Care should be taken by researchers to avoid thinking of the hermeneutical circle as a process involving pre-specified steps. It is designed to be fluid with no specified number of steps with repeated analysis until no new themes emerge, a point called saturation.

**Heideggerian hermeneutics and its application to sexual assault survivor research.** Heideggerian hermeneutic phenomenology is an appropriate method for inquiring into the field of sexual assault as this type of research searches to understand how an individual makes sense of her lived experience. A sexual assault survivor's journey to recovery is heavily influenced by her own perception of the experience, the impact of the experience on her life, and the methods by which she mediates the effects of sexual assault on her life. Phenomenology requires us to view things through a lens which shows them (things, experiences) as they truly are so that we gain a true understanding of them. Heidegger brings to phenomenology the importance of context. He asserts that historical context – our background, values, and beliefs –lends additional understanding to the present and future.

A researcher using Heideggerian hermeneutic phenomenology will employ the use of the hermeneutic circle. The researcher analyzes the account of the survivor's lived experience and examines that account as influenced by his own life experiences and beliefs. Seeking to gain deeper understanding of the journey of surviving sexual assault, the researcher revisits the interview text, again analyzing it through the lens of his own experiences. This cycle repeats until new meaning is no longer discovered. This point be which no new themes or information emerges is called saturation. By choosing Heideggerian hermeneutic phenomenology as the research approach to this qualitative study, this researcher focused the investigation on commonalities which emerged from the participant interviews as they shared their lived experience.

**Heidegger's terminology.** To gain a full understanding of how Heidegger viewed phenomena, an overview of his extensive vocabulary is presented in the following section. These terms include Being (*Dasein*), 'being-in-the-world', 'ready-to-hand', 'moods' and 'disposedness', 'throwness', 'mineness', 'circumspection', and 'coming to a clearing'. Expanding on these terms and situating them in the context of sexual assault clarified their later application to the study. The researcher anticipated these few core concepts were encountered during the study and additional ones added during the analysis of the data.

***'Dasein'.*** The term Being (*Dasein*) seeks to answer the question of "what does it mean to exist?" (Wrathall, 2005). The term is taken from the German *Da* meaning "there" and *Sein* meaning "being" (Wrathall, 2005, p. 11). Human beings are the only beings in existence with an ability to understand and reflect on their existence. Heidegger thought that understanding was an essential part of human consciousness. *Dasein* means "being there" or existence with 'there' meaning 'the world' (Wrathall, 2005). 'There' refers to the place by which a Being understands itself and relates to others. It is from this place that a Being has the context by which to

understand others and their lived experiences. "There" provides a place by which the being understands how to act, react, and develop relationships with other "Daseins" and object in the 'there'. The 'there' is a "place in which the 'Dasein' understands how to comport itself and within which it has meaningful relationships to other entities" (Wrathall, 2005, p. 11). Everything that a 'Dasein' does arises from knowledge of existing in the world and in acting in acceptable ways. A 'Dasein' exists in the 'always-already', in a 'there' that is constantly changing and self-interpreting.

***'Ready-to-hand'.*** Heidegger's definition of "ready-to-hand" refers to the work to be done, not the tools by which to do the work (Dix, 2010). One problem of interpretation is determining what the work is that needs to be done (Wrathall, 2005). An example of this concept refers to the driving of a nail. The "ready-to-hand" is the nail getting driven completely flush into the wood, not the hammer which will do the work. In the context of sexual assault recovery research, determining what the "ready-to-hand" is may be difficult. As recovery has multiple endpoints with varied signs of completion, determining the endpoint for survivors is unclear. What signifies recovery for one individual will not necessarily signify recovery for another.

***'Moods' and 'disposedness'.*** Heidegger's definition of "state-of-mind" (mood) refers to lens of past experiences which color the present. Heidegger states that "moods assail us" with the German term for assail being *uberfallen*. Translation of this German word means "to fall upon suddenly, to surprise, to assault, to take or seize" (Wrathall, 2005, p. 33). This explanation provides a clearer understanding of Heidegger's term in that mood is not solely determined by the individual but also by actions, situations, and environments. The struggle to gain understanding of their experience can be a lifelong pursuit for sexual assault survivors. Through providing a better understanding of how 'Dasein' exists in the world, Heidegger may have

unknowingly provided sexual assault survivors keys to self-forgiveness and recovery. Sexual assault survivors are frequently halted in the recovery process by feelings of guilt, self-blame, and unforgiveness for the circumstances surrounding their attack. Many feel they did not do enough, they did not fight back, or they made poor decisions placing them in the situation which allowed the attack to occur. This lack of complete control of the circumstances is not seen as a failing or shortcoming by Heidegger. Heidegger asserted "the essence of human existence is always to find ourselves in between freedom and submission to our world' (Wrathall, 2005, p. 32). 'Dasein' exists in a 'there' which is riddled with tension between the freedom to make choices in one's life and the subjection to things which one has no control over. Acknowledgment of this lack of complete control over every element of 'there' equates acknowledging the inability to control all of life's circumstances. Acceptance of this tenet will release the sexual assault survivor from guilt over decisions and behavior which she may believe contributed to the rape occurrence.

The tension existing between freedom and things of which one has no control over results in 'moods'. 'Moods' compose a state of being referred to as 'disposedness' (Wrathall, 2005). 'Disposedness' reveals 'Dasein' in its 'thrownness' and 'discloses being-in-the-world as a whole' and that "'disposedness' is our submission to the world out of which we can encounter something that matters to us. The way things matter to us is not something that we are free to decide but is imposed on us by the way the world is arranged and the ways that we are disposed for the world" (Wrathall, 2005, p. 35). This is also known as 'situated freedom'. Moods provide a unified tone or feeling regarding the world that one is in. Better understanding of this phenomenon may lead to an overall acceptance of limited control over what one encounters in life. For a sexual assault survivor, "state-of-mind" (mood) during the recovery process does not

only pertain to their feelings such as shame, guilt, self-blame, but may also be influenced by self-care measures, participation in support groups, and the survivor's support network.

***'Thrownness'.*** When the world suddenly and inexplicably changes, such as what occurs in trauma and sexual assault, the 'Dasein's understanding of the world is shattered. The sexual assault survivor experiences a new 'thrownness'. "'Thrownness' is Heidegger's term for the way we find ourselves 'thrown' into or 'delivered over' to circumstances that are beyond our control" (Wrathall, 2005, p. 35). The context has changed – the 'there' is which the 'Dasein' previously understood how to act, react, and manage relationships no longer exists. The 'Dasein' is faced with a new 'there', a new 'thrownness' and has no previous experience (context) of behavior that is considered acceptable in this new 'there'. For Raine, the date of her rape became more significant than her own birthday because it marked the death of the person she had been for thirty-nine years and the existence of another person, without history, without a 'there' (Raine, 1998).

Heidegger relies on context and one's place in the world ('situation') to grant meaning to being. He believed "*which* world we are in is a mere fact" and there is no explanation for determining the world to which we belonged (Lewis & Staehler, 2010, p. 74). One's perspective of which world one particularly belongs to is limited by one's ability to see beyond the 'horizon'. Whereas Husserl asserted the ontology of the life-world related to the whole world, Heidegger refuted the belief by affirming that one could only experience the world to which he had been 'thrown'.

***'Mineness'.*** An essential trait of 'Dasein' is the concept of 'mineness'. 'Mineness' means that my body belongs to me. It helps to form one's identity or existence and one is the sole owner of her own body (Wrathall, 2005). For the sexual assault survivor, 'mineness' is

destroyed. Experiencing such a violence and hate-filled version of what for most is an intimate act violates the precepts of body ownership. Raine refers to this loss of 'mineness' as a detachment, as the birth of a "shadow self", a cold observer who emerged during the rape and remained separated for years following the assault (Raine, 1998). Part of the recovery process for a sexual assault survivor is the reclaiming of 'mineness'.

***'Circumspection'.*** 'Circumspection' is a "kind of seeing or experiencing the world that we have when our relation to things takes its measure from the other things and projects with which one was exposed" (Wrathall, 2005, p. 37). This concept of Heidegger's is especially relevant for sexual assault survivors. Their everyday experiences are colored by the assault they survived. A common item, smell, or sound, may suddenly catapult them into the past, into their lived experience of the rape. This 'circumspection' produces a 'mood', a 'disposedness' to old emotions and reactions to the world. For Raine, the act of seeing a man possessing a particular body type, smelling a certain odor, or hearing the sounds of a lock turning, propelled her into a state of paralyzing fear, physical illness, and deep depression. She no long experienced these everyday items as most people do because her exposure to these items occurred while she was exposed to severe trauma.

'***Coming-to-a-clearing'.*** True recovery from sexual assault occurs when the survivor obtains a correct interpretation of the act, its impact, and their resulting reactions. To use Heidegger's terms, true recovery occurs when the survivor 'comes to a clearing'. 'Coming to a clearing' for sexual assault survivors involves the obtainment of enlightened understanding regarding their traumatic event. Enlightened understanding is practical in nature rather than simply a mental state. Heidegger describes understanding as "a projecting upon possibilities" (Wrathall, 2005, p. 28). He asserts that 'Dasein' obtains a true understanding of something when he grasps the ways that it can be used or the influence it may possess. For many sexual assault

survivors, they may attribute meaning or understanding of their attack to the ways their stories may benefit other survivors and their recovery journey. This is also known as 'new possibilities'.

For Nancy Raine, whose autobiography leads the reader through many of the points in 'being' that Heidegger identifies, finally coming to a point of healing, of recovery, was her own point of 'clearing'. After years of therapy and unknowingly echoing Heidegger's assertion that time is cyclical rather than linear, she states she came "to realize that if remembering is to re-create, then the understanding of the past itself can be transformed by the present. And I learned that some redemption can be found in even the deepest losses" (Raine, 1998, p. 269). And her 'being' became whole again as she describes "the woman at the desk and the woman in his arms were the same woman again. And that was a gift I hadn't expected. The years of remembering with words had given me back my birthday" (Raine, 1998, p. 275).

**Heideggerian hermeneutical research and its fit with the researcher's philosophy.**

Like Heidegger, this researcher believes that one cannot separate a person ('Dasein') from his past – experiences, culture, and beliefs. Each person brings these traits to every experience he has and comes to an understanding based on the experience from these traits. He does not approach any experience as a blank slate but inevitably carries those influences into that experience as it is lived. A person is placed into the world at a specific place and time, in a specific culture, in a specific society, and within a specific family through no pre-will or pre-direction of his own. This is in congruence with Heidegger's concept of 'thrownness'. This concept also aligns with the researcher's religious beliefs.

'Mineness' as defined by Heidegger as meaning that my body belongs to self. It helps to form one's identity and one is the sole owner of one's own body. Not only is this a precept of Heidegger's philosophical tradition, it is a precept of our society in general. Such thinking is the

foundation of laws which prohibit assault, battery, and murder. This precept is also embedded in the general culture of our society as parents teach hygienic practices to their children, instruct them on modesty in dress and behavior, encourage self-respect and respect of others and is found in Biblical texts regarding hygiene, nutrition, sexual behavior, and marital conduct.

With the concept of ‘circumspection’, Heidegger asserts that ‘Dasein’ tries to find himself in between freedom and submission to our world. This concept also aligns with this researcher’s own personal philosophy. In sociopolitical, cultural, and religious arenas, Americans have much freedom in our country under its governing authority and also under God but are also expected to submit to both the country’s and God’s laws. This concept can be easily seen as teenagers begin to rebel against the dominance of their parents to find a balance of enjoying new freedom while still ascribing to social or parental rules. Additionally, ‘circumspection’ gives the reassurance that one is not in complete or total control of one’s world. The belief in a benevolent God reassures one in following His direction and guidance for one’s life. Further, this researcher believes that everyone has that moment in life to which Heidegger refers to as a ‘coming to a clearing’. This term describes that “a-ha” moment in which sudden understanding or a deeper understanding arrives. It is often at a point when one’s mind has left the problem at hand but unconsciously still processes the problem until a solution or a deeper understanding is found.

**Conclusion.** Using examples found in an autobiographical account of a sexual assault survivor, the author demonstrated the applicability of Heideggerian hermeneutics to sexual assault survivor research. Heideggerian hermeneutical research is appropriately suited for research in this sensitive area in which the sharing of narratives will potentially lead to a deepened understanding of the phenomenon of surviving sexual assault and may also be beneficial to the healing journey. Central concepts including ‘Dasein’, ‘being-in-the-world’,

‘ready-to-hand’, ‘moods’ and ‘disposedness’, ‘thrownness’, ‘mineness’, ‘circumspection’, and ‘coming to a clearing’ were presented with their clear application to sexual assault survivor research.

## Participants and Setting

Participants of the study were female adults, age 18 years and older, who experienced at least one occurrence of sexual assault in their past. All participants were of the Upper Cumberland area of Middle Tennessee with varied professions and socioeconomic backgrounds. The Upper Cumberland area of Middle Tennessee is situated between the three metropolitan cities: Nashville, Chattanooga, and Knoxville. The Upper Cumberland is comprised of fourteen counties: Cannon, Clay, Cumberland, DeKalb, Fentress, Jackson, Macon, Overton, Pickett, Putnam, Smith, Van Buren, Warren, and White. Population of the Upper Cumberland in the 2010 census was 338,158 with a median age 40.1 years (tn.gov/ecd, n.d.). Seventy-four percent of the population has a high school education or higher and 13.6% has at least a baccalaureate degree education (tn.gov/ecd, n.d.). With an unemployment rate of 9.2% in October 2011, the average private sector income of those living in the Upper Cumberland area was $30,421 (tn.gov/ecd, n.d).

**Sexual assault services.** Sexual assault services in the Upper Cumberland are primarily delivered by two non-profit organizations: Genesis House and Avalon Center for Domestic Violence and Sexual Assault. These provide a 24-hour crisis line, emergency shelter, crisis intervention, court advocacy, sexual violence support group, individual counseling, referrals to community agencies for support services, and a food and clothing bank for sexual assault victims (Avalon Center, 2015; Genesis House, 2015). Such organizations influence a survivor’s recovery process by providing the basics of shelter, food, and clothing and form part of the context for the participants.

**Religious organizations and sources of spiritual care practices.** As this study particularly examines the influence of religion and spirituality upon a survivor's recovery, the number of religious organizations in the Upper Cumberland is relevant. According to a 2010 study by the Association of Statisticians of American Religious Bodies, there are 889 religious organizations present in the Upper Cumberland area (Association of Religion Data Archives, n.d.). Those 889 religious organizations include 149 Christian denominations, associations, or communions, two specially defined groups of independent Christian churches, Jewish and Islamic groups, and temples for six Eastern religions (Association of Religion Data Archives, n.d.). As spiritual care practices were defined and identified by the participants, the influence of those resources in the community upon the survivors' recovery process will be varied.

**Recruitment of participants.** After receiving Investigational Review Board approval, the researcher recruited nine participants for this study using several sources. Participants were recruited via flyers (Appendix A). These flyers were disbursed in community settings frequented by adult females such as beauty salons, grocery stores, sororities, and social groups. The flyer was posted as a newspaper advertisement in the classified section of a local newspaper of the Upper Cumberland area. Additionally, participants were recruited via online social media, specifically Facebook. Such recruitment sources are useful when using the snowball technique of recruitment. As flyers were distributed in community settings frequented by adult females, women who knew a sexual assault survivor might inform her of the study. As many are often reluctant to identify themselves as sexual assault survivors and few organizations or communities of survivors openly exist, these avenues expanded the recruitment area (Lewis-Beck, Bryman, & Liao, 2004).

Social media or social networking sites are web-based sites where communication occurs between two individuals or between groups of people (Andrews, 2012). The use of social media

for participant recruitment is relatively new in research with several studies demonstrating its effectiveness and supporting its use (Andrews, 2012; Arcia, 2014; Frandsen, Walters, Walters, & Ferguson, 2014). Andrews (2012) and Arcia (2014) assert multiple advantages to using social media for participant recruitment. Among these advantages are cost-effectiveness, speed, and efficiency. Using online digital media, the costs associated with printing flyers is decreased as the number of flyers needed is reduced. Information regarding the study was disbursed to a larger audience in a shorter amount of time as one posting reached all of the subscribers' connections and then may have been reposted by those connections to their subsequent connections. With the contact information displayed on the flyer/posting, those interested in participating in the study immediately connected with the researcher through a private message via Facebook rather than placing a phone call or mailing a response. Further, online communication allowed possible participants to ask questions regarding details of the study while the investigator assessed the person's fit for the study. While Andrews (2012) also puts forth challenges to using social media, those challenges (reaching a population without computers, etc.) occur when social media is the only avenue for recruitment. This study used social media as a complimentary approach designed to reach a larger number of participants.

The recruitment flyers included the nature of the study, my name and contact information (a cell phone specifically designated for communication with possible participants), and assurances of confidentiality (Appendix A). After contact was initiated by the possible participant, this researcher confirmed that the participant was appropriate for the study by asking her age, clarifying that she is a survivor of sexual assault, explaining the study in further detail, and answering any questions. Then an interview time was scheduled. The interviews occurred at a centrally located university in the Upper Cumberland. University administration at the researcher's place of employment agreed to allow the data collection to occur in a private

seminar room away from the main university traffic. However, if the participants requested an alternate, appropriate location, the researcher submitted to their preferences.

**Data collection.** In phenomenology, the researcher is the data-collection instrument operationalized through the interview. Interviews occurred face-to-face and were of an in-depth, semi-structured fashion to explore the participants' experiences (Appendix B). As suggested by Seidman (1991), the semi-structured interview was used to guide the course of the interview but did not restrict the participants' responses and focused on three stages: establishing the context of the participant's experience; the construction of the experience; and reflection on meaning which the experience holds (as cited in Flood, 2010). Care was taken during the course of the interviews to focus the participant's experience on activities, support people or organizations, and measures which facilitated recovery following the assault. However, any areas that the participants wished to explore were followed by the investigator.

All interviews were audio-taped and transcribed verbatim. Informed consent was explained and obtained at the beginning of the interview. The interviews lasted 45-180 minutes long and a time-limit for the interview was not enforced. Gestures, physical expressions, and physical posturing were recorded during the interviews in the forms of field notes and later added to the transcripts. At the conclusion of the interview, the possibility of a follow-up interview if needed to clarify responses was discussed with the participants. A small honorarium of $15 gas card for each interview session was provided to help defray the costs of transportation to the interview. To minimize the emotional stress of telling their experience, the researcher guided the participants to focus on their recovery experience rather than the assault itself. In the event the retelling of their recovery experience during the interview process evoked an emotional crisis, a list of local counselors and sexual assault crisis programs was provided to participants (Appendix C).

**Measures to maintain confidentiality.** All participants were assured of confidentiality of the study. All consent forms were coded and each participant was asked to choose a pseudonym. The list with the code numbers matching with the pseudonyms was kept separately from the consent forms and interview transcripts. Interview tapes were identified only with the pseudonym and date of the interview. All study data was kept securely under double-locks in the principle investigator's office. All data was reported in aggregate format.

**Measures to minimize risk to the participants.** At the conclusion of each interview, the participant completed the Impact of Event Scale Revised (IES-R) (Appendix E). This scale assesses the frequency of intrusive and avoidant phenomena associated with a particular event as experienced in the previous week (Stephen, 2000). Not only does the scale evaluate response to trauma but it is also used to determine recovery (Hyer & Brown, 2008). Intrusive phenomena measured on this scale are intrusive thoughts, nightmares, intrusive feelings and imagery, and dissociative-lie re-experiencing (Christianson & Marren, 2013, para. 2). Avoidant phenomena assessed are numbing of responsiveness, avoidance of feelings, situations, and ideas (Christianson & Marren, 2013, para. 2). Indicators of hyperarousal measured in the scale are anger, irritability, hypervigilance, difficulty concentrating, and heightened startle (Christianson & Marren, 2013, para.2).

This self-report scale is widely used in traumatic stress research and was revised from the original 15 questions created by Horowitz to 22 questions. Answers to the items are on a 4-point frequency scale with "0" indicating "not at all", "1" indicating "rarely", "2" indicating "moderately", "3" indicating "quite a bit" and "4" indicating "extremely". Mean scores for the three subscales are determined using specific questions to measure each subscale. The Intrusion subscale is the MEAN score of items 1, 2, 3, 6, 9, 14, 16, and 20. The Avoidance subscale is the MEAN score of items 5, 7, 8, 11, 12, 13, 17, and 22. And the Hyperarousal subscale is the

MEAN score of items 4, 10, 15, 18, 19 and 21 (Hyer & Brown, 2008, p. 64). The higher the score results, the greater clinical concern for the amount of subjective distress experienced by the participant. Hyer & Brown assert "for nurses working with distress patients over an extended period, the IES-R can be a helpful way to monitor symptom frequency and intensity" (2008, p. 64). In this study, high MEAN scores in any subscale resulted in a referral to an area counselor as recommended by Hyer & Brown (2008). If the participant voiced extreme distress (i.e. inability to function, thoughts of self-harm, etc.), the researcher planned to refer the participant to emergency treatment and evaluation by the local mental health crisis team. No such referrals were needed.

Two participants had high MEAN scores on the IES-R: one participant was already in counseling and the second refused to be referred. However, the researcher assessed for absence of self-harm with the participant and contacted the participant later that day to verify well-being.

**Data Analysis**

The goal of data analysis in interpretative phenomenology is a rich and full depiction of the lived experience of those participating in the study. Interpretative phenomenological analysis is an active process and features multiple characteristics: movement from what is unique to an individual participant to what is shared among the participants; movement from simply describing the experience to an interpretation of the experience; the researcher's commitment to understand the participant's point of view; and a focus on meaning-making within the context of the phenomenon (Cooper, Fleischer, & Cotton, 2012). Analysis of the interview transcripts occurred in an iterative fashion, a process previously described as the hermeneutic circle. The general processes of the hermeneutic method involve the following: dwelling with the text to search for meaning; interpreting the words, phrases, and sentences with consideration of the

researcher's perspective, and synthesizing ideas to present the research findings (Parse, 2001, p. 53).

Van Manen (1994) identifies the process of writing and rewriting as a crucial step as this moves the researcher from identification and comparison of themes to a more complete understanding of the phenomenon (as cited in Cohen, Kahn, & Steeves, 2000, p. 81). From this step comes an even more concise statement presenting the phenomenon in the most fundamental language and structure possible. The participants were then questioned regarding the researcher's capture of the essence of the phenomenon. Essentially, the participants were asked if the researcher successfully captured the meaning of their lived experience.

To assist with data analysis, NVivo 10 software was used. The use of qualitative software for data analysis is well-supported in the literature. Bazelby & Jackson (2013) assert that computer use for data analysis is intended to increase the effectiveness and efficiency of learning rather than to replace former ways of learning from data. Both Creswell (2007) and Bazelby & Jackson (2013) list several advantages to using computer software to assist in qualitative data analysis. Among these advantages are an increased focus on ways to examine meaning; assistance with managing large amounts of data; the ability to run multiple queries of data; a convenient method for storing large amounts of data; locating text, segments, and passages of data and making comparisons among them; providing the capability of including written field notes and descriptions; securing large amounts of data safely; producing a visual representation of codes and themes, and providing a detailed record of the data analysis process by storing all of the memos and notes the researcher makes as data analysis occurs (Bazelby & Jackson, 2013; Creswell, 2007). Bazelby & Jackson (2013) further assure that there is a widely held perception in the research community that the use of such computer software programs help ensure rigor by keeping such detailed records of the data management and analysis processes.

The researcher enlisted two colleagues experienced in qualitative data analysis. Copies of the transcripts were provided for their reading. The peer colleagues read and re-read the transcripts, identifying themes and constitutive patterns. Multiple discussions between the researcher and her peer colleagues occurred focusing on the identified themes and patterns. Differences in data analysis between the researcher and peer colleagues were discussed, transcripts were revisited, and continued analysis and discussion occurred until consensus was met.

**Establishing rigor**

Credibility focuses on accurate interpretation by the researcher and is a construct of trustworthiness. Credibility of a study can be demonstrated through peer debriefing, prolonged engagement, persistent observation, and audit trails (Tobin & Begley, 2004). Credibility of this research study was demonstrated through the use of peer debriefing by which other researchers immersed themselves in the transcripts and identified themes.

Establishing rigor in qualitative research differs from that of quantitative research and offers distinct and separate language for the qualitative researcher. The goal of demonstrating rigor is to legitimize naturalistic inquiry. Tobin and Begley (2004) state “rigor is the means by which we show integrity and competence” as qualitative researchers (p. 390). Rigor in qualitative research requires innovation, creativity, and transparency (Tobin & Begley, 2004). Most qualitative researchers refer to language established by Lincoln and Guba (1985) of trustworthiness, dependability, and confirmability to demonstrate the rigor of their research.

The researchers compared their lists of identified themes and assessed for commonalities among them. Additionally, a field journal kept by the researcher detailing research interactions and personal reactions enhanced self-awareness by the researcher while demonstrating engagement in the research process (Koch, T. 2006). Audit trails were also used to follow the

research process. These steps lent credibility to this research study. According to Sandelowski (1986), credibility of a study is demonstrated if the descriptions of the phenomenon (human experience) are immediately recognized by those who share the same experience (as cited in Cope, 2014). Those participants who were re-interviewed acknowledged to the researcher that she refocused on several areas of importance they wished to expand upon during the follow-up interviews.

Transferability or fittingness is another criterion of rigor in qualitative research. Sandelowski (1986) expands upon this term by explaining that fittingness implies that a study's findings can 'fit' into contexts outside of the study situation when the findings are seen as meaningful and applicable in terms of the audiences' experiences (as cited in Koch, 2006). As findings of this study aligned with the autobiographical account of assault survival by Raine in which she relates how her life is forever changed beginning the day of her assault. She characterized this day as significant as her birthday for the new context that it provided.

Another way that rigor of a study can be established is through the demonstration of dependability. Dependability of a study is evident when the process and data can be audited and information is found to be accurate. The use of an audit trail in this study detailed interviews, transcripts, and interpretive notes and supported the dependability of this research (Tobin & Begley, 2004). Additionally, the use of reflexivity upon the part of the researcher supported dependability. To that end, this researcher kept a personal journal detailing the internal and external dialogue occurring throughout the data collection and analysis process. Koch (2006) asserts that dependability of a study can be further shown if study findings can be repeated in other studies with similar participants and contexts.

Confirmability of a study occurs when credibility, transferability, and dependability are achieved (Guba & Lincoln, 1989 as cited in Koch, 2006). Confirmability of a study arises from

the elements of the research study.  Such elements in this study included audiotapes of the interviews, detailed transcripts, notes taken during the interviews detailing participants' postures and nonverbal expressions, and a detailed trail of analyzing the data and interpreting the experience of the participants.  To demonstrate confirmability, the researcher documented how conclusions and interpretations arose from the data.  This requirement was met through detailed audit trails and journaling by the researcher.

In summary, the rigor of this study was demonstrated by credibility, transferability, and dependability was demonstrated. Careful recruitment and selection of participants added transferability to the study.  Credibility criteria were met with transparent, exhaustive record keeping including audit trails, field notes, and personal journals.  Such careful participant selection and intricate, detailed record-keeping added dependability to the study.

This researcher was vigilant in maintaining the steps outlined in the methods section of this proposal to yield a study demonstrating a strong degree of rigor.

# CHAPTER 4

# FINDINGS

The purpose of this study was to gain an understanding of the meaning of sexual assault recovery as experienced by adult females. The following research questions guided this study: 1) What is the lived experience of recovery by a female sexual assault survivor over time? and 2) What are the common meanings and shared practices of those recovering from sexual assault? Of particular interest to this researcher was the influence of religious practices and spiritual beliefs upon that recovery process. Audiotaped conversations with adult female sexual assault survivors were analyzed using a hermeneutics method, underpinned by the philosophy of Martin Heidegger. Excerpts of the interviews are provided in this chapter to aide in support of the analysis in the following chapter. Within the excerpts, all capital letters are used to reflect when the participants' speech became more emphatic, emphasizing specific words.

## The Participants

Nine adult female sexual assault survivors volunteered to participate in this study. Three of the nine participants responded to a newspaper advertisement recruiting participants. The other six participants were recruited through the use of Facebook recruitment postings. The participants' ages ranged from 24 to 65 and time since their last sexual assault ranged from two to 34 years as five of the participants reported more than one sexual assault experience. Five participants reported assaults only by acquaintances, two reported assaults committed by strangers, and two participants experienced separate, multiple assaults perpetrated by both acquaintances and strangers. All sexual assault survivors interviewed for this study were Caucasian and lived in the Upper Cumberland area of Tennessee. A summary of the participant demographics is presented in Table 3.

Table 3.

*Participant Demographic Summary*

| Pseudonym | Current Age | Stranger or acquaintance assault or both | Year since last assault | Multiple assaults (Yes/No) | Weapon(s) involved during assault? |
|---|---|---|---|---|---|
| Lisa | 24 | Acquaintance | 5 years | no | no |
| Ariel | 23 | Acquaintance | 7 years | no | no |
| Morgan | 56 | Acquaintance | 22 years | no | no |
| Victoria | 54 | Stranger | 34 years | no | yes - bat |
| Leora | 65 | Stranger | 19 years | yes (2 assailants with same time of assault) | no |
| Nuppie | 61 | Both | 28 years | yes | gun |
| Savannah | 53 | Acquaintance | 30 years | yes | no |
| Katie | 62 | Both | 13 years | yes | yes - knife |
| Vetta | 32 | Acquaintance | 2 years | yes | no |

**Findings**

The understanding of the lived experience of recovery in adult sexually assaulted females is based upon the hermeneutic analysis of the participants' narratives. Five constitutive patterns emerged from the transcripts. The first pattern "Forever changed" is comprised of fifteen related themes. The second pattern "Coping afterwards" is comprised of five related themes. The third pattern "Never alone: Finding strength through faith and presence" is comprised of six related themes. The fourth pattern "Focusing on what helps" is comprised of two related themes. The fifth pattern "Talking is healing" is comprised of three related themes. This chapter presents

these constitutive patterns and related themes with excerpts of texts to validate the interpretation. These patterns and themes are also represented in Table 4.

Table 4.

*Constitutive Pattern*

| Constitutive Pattern | Related Themes |
|---|---|
| Forever Changed | Affecting relationships<br>Lasting impact and lack of recovery<br>Triggered memories and physical reactions<br>Maintaining hypervigilance<br>Nightmares and sleep disturbances<br>Experiencing the anniversary of the attack<br>Depression<br>Needing to feel in control<br>Anger<br>Altered feelings of self-worth and feelings of loss<br>Dealing with blame (self-blame and victim-blaming)<br>Distrust of others<br>Feelings of injustice and unfairness<br>Positive effects following the assault |
| Coping afterwards | Avoiding revictimization<br>Labeling the event<br>Fear of inflicting pain upon others with telling<br>Substance abuse<br>Suicide |
| Finding strength through faith and a greater being | Presence and existence of a greater being<br>Beliefs<br>Spirituality<br>Fearing judgment<br>Interpreting assault through religious lens<br>Beliefs and religion as a support during recovery |
| Focusing on what helps | Counseling<br>Distance and time |
| Talking is healing | Talking<br>Having someone to listen<br>Finding a kinship |

Before beginning the discussion of the themes in-depth, a brief overview of interpreting the lived experience through the Heideggerian lens is presented. Heideggerian phenomenology

was chosen as the method to best answer the central research questions of "What is the lived experience of recovery by a female sexual assault survivor over time?" Hermeneutical phenomenology relies on both interpretation and description of the lived experience. In this study, the researcher elicited descriptions of recovery from sexual assault by the female participants and interpreted their responses using the hermeneutic circle to arrive at five constitutive patterns to gain an understanding of that lived experience. Heidegger brings to phenomenology the importance of situating understanding in context. By situating understanding in context, additional meanings can be discovered. Heidegger developed novel vocabulary to further illustrate how he viewed phenomena and the meaning of existence (*Dasein).* In Figure 1, the concepts comprising *Dasein* and the vocabulary used to refer to those concepts are presented. At the end of this chapter, the diagram is further revised to illustrate interpreting the lived experience of sexual assault recovery through the Heideggerian lens as performed in this study (Figure 2).

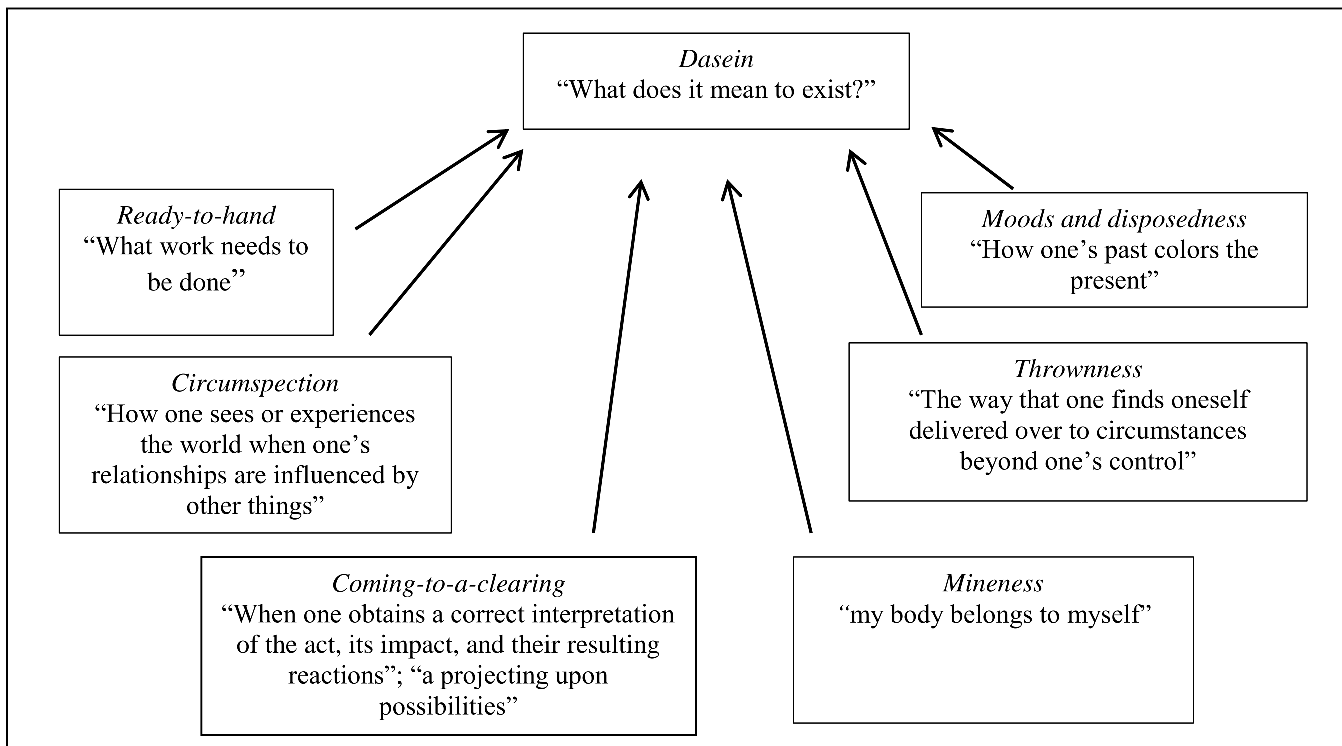


*Figure 1:* Heideggerian concepts comprising Dasein

**Forever Changed**

This constitutive theme resounds throughout the participant interviews as they relay how their lives are forever changed. All of the women spoke about how their lives were changed following their assaults and this common thread wound itself throughout all interviews. Life changes occurred in physical, mental, emotional, and social realms. These effects were reported to be life-long, as validated by some participants still experiencing these effects thirty years after their assaults. Interpretation of this theme is informed by the Heideggerian phenomenological perspective of *Dasein.* In this context, *Dasein* or “what does it mean to exist” focuses on a new existence as forced by the changes from experiencing sexual assault. These changes are manifested in the areas of relationships, lasting impact of the assault and lack of recovery from it, triggered memories and physical reactions, maintenance of hypervigilance, presence of

nightmares and sleep disturbances, noting the anniversary of the attack, depression, the need to feel in control, anger, altered feelings of self-worth and feelings of loss, dealing with blame, distrust of others, feelings of injustice and unfairness, feelings of isolation, and positive effects resulting from the assault.

**Affecting relationships.** The relationships affected included intimate partner, family, and social relationships. All nine participants spoke about the sexual assault(s) effects on their relationships. These effects included loss of physical and emotional intimacy, difficulty with participating in certain intimate acts, difficulty trusting the intimate partner, and inability or hesitancy to share her sexual assault(s) with family and acquaintances. Relationships being affected in these ways led many to experience isolation and loneliness. One participant provided a description of how her assault affects intimacy. Victoria stated

> If I wanted to have sex, he couldn't do the biting part, like, you know, kiss me, like just kiss me real hard and stuff. Cause see he, the rapist had, I had, he had, I had bite marks all over me. He chewed my breasts up, my thighs, I had his teeth marks on me. … if Alan, you know, kissed my breasts or kissed my neck real hard, I'd have to say 'Don't do that. Don't do that.' And he'd say 'Is it making you have bad thoughts?' And I went 'Yeah, don't do that.'

Katie confirmed how intimate relationships are altered. She said

> You don't want boyfriends. My marriage didn't, I had been married to him a long time and it wasn't very long after that we divorced. And you don't want to have any kind of sexual contact….'I don't want you to touch me', you know. You don't want to have any…

Intimate relationships involve feelings of trust. Some of the participants described further how intimate relationships were affected post-assault in this manner. Morgan said

> And even over a long period of time, um, in a, like in a more, like in an intimate relationship, sometimes it takes a really long time to really get to know somebody… And I am typically a very trusting person but I have to remind myself a lot of times that I need to not, that I need to hold back a little bit, and just wait and see, and not take somebody totally at face value and I think that experience, that, that changed things for me in that regard.

In the social realm, participants relayed how divulging their past assaults influenced current friendships and acquaintances. Katie reported

> You find that's, you know, in people, you find yourself not telling anybody but eventually it's got to come out and you know, you do mention that I was a rape victim, or you do, and you'd be surprised how many, even in the Sunday School setting, you'd be surprised at how many people shirk away and you never, they just, they're totally different. The way they respond to you… you realize that well, you're not going to be invited out to lunch with this group, you're damaged goods or something.

And Victoria expressed how others' reactions to a survivor sharing her assault story leads to further isolation. "But this is what women go through, and this is why they put it in a closet and live with this anxiety and turmoil."

**Lasting impact and lack of recovery.** All participants except Morgan denied reaching full recovery. In the Heideggerian perspective, this related theme corresponds to *Ready-to-hand. Ready-to-hand* refers to the work to be done, not the tools by which to do the work. The work which needs to be accomplished by the survivors is complete recovery. When asked what signs

and behaviors would signal full recovery, all of the women but Morgan said full recovery was unobtainable. Comments by various participants included:

> "It never really goes away."; "I don't think I'll ever get over it."; "I'm still working on it, I think it's still a work in progress."; "I don't think I'll ever recover."; "I'm going to need continued support for the rest of my life."; "I honestly don't think there is a recovery of it."; and "I'm trying to find some understanding in all of this and I never will understand it and I will never NOT feel that I'm a victim and that I'm a creep magnet, I'll never not, I don't ever think I'll ever move beyond that."

Nuppie said "But whether I'm healed, I don't know that we ever… totally heal because it's a process." Victoria gave voice to the unending journey of recovery. "You never recover. There's no such thing as that. Once you're a rape victim, you'll die a rape victim."

**Triggered memories and physical reactions.** Six participants discussed how certain sights, times of the years, smells, sensations, etc. trigger memories of their assault(s). These triggers included certain cologne, personal body odor of the rapist, particular sexual positions, songs, specific clothing, rustling of clothes, and colors of clothes. This related theme refers to two Heideggerian perspectives – *circumspection* and *thrownness. Circumspection* explains how a person sees or experiences one's world when her relationships to things are influenced by other occurrences or things. *Thrownness* refers to the way that one finds herself 'thrown into' or 'delivered over' to circumstances beyond one's control. The participants' had repeated episodes of their present day altered by various aspects of their assaults. They reported finding themselves suddenly experiencing sensations, thoughts, and physical reactions of which they had no control over. Lisa experiences memories of her assault when smelling her rapist's cologne on someone else. Ariel and Lisa report that certain positions encountered during intercourse bring memories of their rape to the surface, resulting in cessation of the sexual act. Leora finds herself

experiencing increased anxiety and sadness during the fall, the season she was raped by two males during a home invasion. Victoria relates how memories can suddenly be triggered in non-threatening, routine places. “I can go to WalMart and on the other side, I can hear that rattling sound like somebody’s clothes, and it’ll trigger it…”

Five of the participants described negative physical reactions post-assault. These reactions occurred when encountering the rapist again or when thinking about the assault(s). Such reactions ranged from nausea, physical shaking, crying, physically tensing up during sexual encounters, anxiety attacks, hyperventilating, and lack of appetite. These physical reactions can also be considered as elements of Heidegger’s *moods and disposedness*. Again, *moods and disposedness* pertains to the lens of past experiences coloring the present. Without their past assaults, the survivors would not have the physical reactions they are experiencing. Two of the participants described having negative physical reactions during medical procedures attributed to their assault history.

Victoria described her experience of having a cesarean delivery after a prolonged and difficult labor.

> “It was to the point that my senses went haywire. Um, I could, I could hear his coat rubbing again, I could smell his smell, I could, it was every sense that I had had on the night he raped me … so all of that sensation started coming back and then when they completely, and I didn’t tell anybody I was just having all of this, and like the GREEN scrubs, and how I saw the green, and he had that color jacket on. And every sense that I had that night of my rape, it was happening while I was in there and um… so, then they put me completely out and… oh, when I came to, I came to fighting like a mad dog. I came to fighting. They were having to hold my hands, they didn’t know what was happening. I couldn’t explain to them but I knew, I, I, you know, I just, that was

something that my parents, you didn't talk about it. So I knew, I could smell that man, and I could hear those sounds, and all, like I said, every sense that I had that night happened due to the fact that I was in that trauma having that baby."

Victoria had another similar experience some years later.

"They had to put me to sleep to blow up my bladder, and they started to put this MASK on my face, and that was the first time, and it had been you know, 30 years, I guess since my rape and I fought them and I was to myself. And it just triggered, like some- and I mean I went 'No, no, NO, NO, NO!' and they went 'What's wrong?!' and I said 'NO! NO!' and I just felt like 'I can't do this! I can't do this!' Because of him putting that towel over my face, them putting that big mask over my face, it just triggered it just FAST! How it triggered it."

**Maintaining hypervigilance.** Hypervigilance is "the condition of maintaining an abnormal awareness of environmental stimuli" (Merriam-Webster). Seven of the participants reported maintaining a state of hypervigilance following their attacks. Again, this aligns with Heidegger's *moods and disposedness.* Without their past experiences, the survivors would not be experiencing the need for hypervigilance to protect themselves from future assaults.

Vetta said "It's like I can't put my guard down." Katie reports

He's always out there. He's always, he'll never go away, he's always going to be there over your shoulder… I think it was three or four years before I would even go out… my front door to the mail box…. But I found out that I really don't feel safe anywhere.

Leora further expounds upon the constant state of hypervigilance. "But see I'm still afraid, I would not go to that door. There would be no way after dark-forty [regional slang meaning forty minutes after dark has ensued] that I would open my door, to anybody unless I knew who was there…. You just never are not afraid."

**Nightmares and sleep disturbances.** Possibly related to maintaining hypervigilance and supporting Heidegger's *moods and disposedness* is the presence of nightmares and sleep disturbances. Three of the participants conveyed having issues such as these. Vetta recalls needing sleep medication to help her sleep. Victoria provided further confirmation of this post-assault phenomenon.

> I would go to bed, go to sleep and be fine. In the middle of my best sleep, I would sit straight up, hyperventilating just (demonstrates rapid breathing), just like 'Oh Lord, please!' And it was like he was on top of me again, covering my face up with that towel like he did…. And so, so, I got to the point, sometimes I would go, this is the honest truth, four days and never shut my eyes… They told me I had severe brain activity in the night.

Leora reports being unable to sleep for "2 or 3 months" following her attack. "I'd get up a lot of times and just go sit in the chair, instead of trying to lay down in that bed. … And uh, but I'm a very, very light sleeper for that very reason."

**Experiencing the anniversary of the attack.** Again, aligning with Heidegger's *moods and disposedness,* three of the participants reported increased incidence of triggers, sleep disturbances, and memories of their attacks as the anniversary of the attacks, or the time of year the assault occurred, approaches each year. Lisa said "I've noticed on my yearly anniversaries of the assault that I start to become more… um…more moody, more sensitive." Victoria reported "And then the next December, I had forgot ALL about it, and it was odd, the week of the rape, it would wake me up and I would hyperventilate, without even, my body knew it whether I wanted it to or not." Leora said "The time of the year is probably the worse. Cause see it was in the fall. … the time of year, or just some little something you see will trigger it off."

**Depression.** Again, supporting Heidegger's *moods and disposedness*, is the occurrence of depression. Three of the participants reported feeling some degree of depression following their assaults. For some participants, the episodes of depression are cyclical and influenced by the anniversary of their assaults or when triggers and memories of their assaults manifest.

**Needing to feel in control.** Three of the participants reported needing to feel in control of their bodies and situation in order to cope with the after-effects of the assault. Heidegger used the term *Mineness* to referring to one's possession of one's body, "my body belongs to me". The participants needing to feel control over their bodies and in situations is reflective of this perspective. Lisa reflected on thoughts during her attack and stated "I'm no longer in control of what's happening." Although both Lisa and Ariel were virgins at the time of their assaults, they do not attribute losing their virginity at the time of the assault. Rather, they took control of this facet of themselves and "gave" it to those they chose to later on in life. Ariel says that needing to feel in control is necessary for her current relationship and to prevent flashbacks of her assault. She states "if I give up control, its cause I can trust the other person. But other than that, I'm in control. Cause it's my body [laughs], I name the rules." Several years after her assault, Ariel became a stripper. When asked regarding the vulnerability and high-risk of this profession in relation to her former assault, she responded

> I think that I kinda got high off of it... Because it's like, 'Take this you mother-fuckers! [whispers]' That's how I looked at it now … the power, control… because they're the ones that's coming to pay me every week. So it's like, I have the control over that and then… it's kinda, it's a controlled environment so as long as you don't break the rules and go outside with them, that's where it leaves right there. So I guess it kinda made me think that they were wanting more and so that kinda made me think 'okay, I'm better than

them somehow.'…Yeah, it was definitely a power thing. And it was kind of also, a weird feminist thing. I'm over my sexuality, take that you crazy man.

**Anger.** Six of the participants discussed having a great deal of anger following their assault(s). This feeling of anger could support two of Heidegger's views of phenomenon – *moods and disposedness. Moods* could refer to the overwhelming anger felt by the survivors about their situation and *disposedness* refers to the new situation the survivors found themselves in. This is further supported with the recounting of improper treatment by members of the judicial and medical professions. Their feelings of anger varied in degrees and were focused on different aspects. Some were angry toward the judicial system, some toward the medical professionals who provided post-assault care, some were angry with themselves for the decisions they made prior to their assaults, and some were angry on behalf of other victims. All expressed anger toward their rapists.

Katie discussed a rape trial that was currently in the media. She stated:

> "I need to be AWARE that this is happening but you know, um, listen to this Vanderbilt, this Vanderbilt rape thing and my heart goes – They're going TO MAKE HER GO THROUGH TELLING THAT STORY OVER AND OVER AGAIN! And I'm like 'God love HER! WHO CARES ABOUT THESE JERKS! You know, they're going to try to get off, 'Oh, I was drinking too much' and I'm like THAT WAS A GROUP RAPE!! THAT, SHE, THEY DRUGGED HER!! You know, she's going to have to tell this again, and again, and there's going to be attorneys out there who's going to keep overturning these things. And I, I had a, an acquaintance in [town] who represented criminals, one of the best criminal attorneys, a NICE man, he and his wife would come to the country club where I was singing and support it finan-you know, just nice people. But he is the one who represents the creeps and GETS THEM OFF! And he's very GOOD at that!!!...

They need to go to prison for life or they need the death penalty! I would try not to be that hard but I don't have any sympathy whatsoever. And I realize that part of that is because of my own situation but uh, they try to play this stuff off and just kind of brush it off and try to make it look like… you know, look at Bill Cosby!! There's another! I'm blown away by that! And I'm the one that, that defended him in our class to this professor, this [name of professor]. I remember VIOLENTLY defending him."

**Altered feelings of self-worth and feelings of loss.** Six of the participants reported altered self-worth and three reported "losing" something as a result of their assaults. These feelings of loss may compose a portion of Heidegger's *coming to a clearing* as they face how they see themselves after their assaults. Ariel, Lisa, Leora, and Katie used words like "dirt, filthy, like earth, and under dirt, dirt, and more dirt, "and a "creep magnet" to refer to themselves following their assaults. Katie stated

> I know how you beg for your life. And you know, 'please', and I know how you like 'please don't hurt me' and they leave you laying there in a pile, like you're a piece of garbage, and uh, you've been sodomized and you know, traumatized and all you can do is load yourself, load yourself back up in your car in a dark parking lot of a hospital, drive yourself home, take a shower.

Victoria reported being reminded that she was a rape victim challenged her when she felt good about herself. She stated "because I just feel like a lot of times, every time I'm working strong for the Lord and feel really good about it, something, the Devil will always trigger that, 'but you know, you're a rape victim.'" Vetta reported losing her innocence. Leora and Morgan speak of losing the ability to trust others.

**Dealing with blame.**

***Self-blame.*** Six of the participants conveyed feelings of self-blame. Components of self-blame centered on both characterological and behavioral self-blame. Self-blame influences *moods and disposedness.* Elements of characterological self-blame included "deserving being raped" and personal qualities such as irresponsibility. Vetta emphatically stated "I was NOT, NEVER floozy looking… I knew better than to go by myself… but I think, it just, I guess it made me realize how stupid I was that night… I should have been more responsible… should have stayed home." Katie said

> … and you're already wondering what did I do, 'did I have too much makeup on that day?' Of course I was wearing scrubs and didn't have a low blouse on and I've always dressed business-like, you know. Skirts and heels and stockings and… I don't do that anymore. But uh, it's bad enough when you think about 'did I, did I attract this, did I do something to encourage some strange person that I, you know, that I would enjoy this?'

Behavioral self-blame elements were evident in statements concerning poor decisions made, their appearance, their conduct, and their actions at the time of their assaults. Victoria recalled "Now, did I put myself in the situation that caused it? YES! I was in an apartment by myself when everybody at [college] had gone home cause I worked at [retail store], and everyone was gone…" Lisa confirms behavioral self-blame when she recalls

> I understand that TECHNICALLY I wasn't supposed to be there, I should have left when his mother, but at the same time is it not reasonable for me to think that a 18 year old can be with her boyfriend without being assaulted?

***Victim-blaming.*** Along with inflicting blame upon themselves, the majority of the participants experienced some degree of victim-blaming from their family and acquaintances following their assaults. Lisa and Morgan reported fear of and incidents of being judged by

those who knew of their assaults. Lisa said "But she thinks I put myself in that situation and I don't think that's fair… I just felt very, very judged." Morgan experienced negative reactions at her workplace. "Yeah, because they were very judgmental. The, the unit, the manager of the unit that I was on, was she was very conservative. And she felt like that was just a blemish for the, uh, unit." Despite being a sexual assault survivor, Leora who is 65 years old, made several statements reflective of her generation's view of sexual assault victims. She stated "I know a lot of teenagers bring it on themselves, and I know a lot of other people do too, drinking and carrying on, and getting too far gone to know what's happening."

**Distrust of others.** Five of the participants reported an ongoing distrust of others since their assaults. Distrust of others influences *circumspection. Circumspection* is a "kind of seeing or experiencing of the world that we have when our relation to things takes it measure from the other things and projects with which we are involved" (Wrathall, 2005, p. 37). Survivors view others, particularly males, in the light of the violation they experienced formerly. Vetta stated "I try to explain to my daughter there is monsters out there, you know, they're not under your bed, they're people sometimes that you know." Savannah stated

> I felt watchful and on guard' um… the only thing that I can relate to that is I have, that I have a real distrust of men. I'm always, I mean I'm not afraid, but every m-, it's like I'm always thinking you know, are they a pedophile? Are they a weirdo?

**Feelings of injustice and unfairness.** Again, *circumspection* is apparent when exploring this survivor experience. Five of the participants relayed their feelings of injustice and unfairness regarding their situation. These feelings of injustice and unfairness arose from actions by members of law enforcement and members of the medical profession and lack of punishment for the rapist. Victoria discussed her experience of the medical and forensic exams following her attack.

> They stripped all my clothes off, I was naked and laid me on that cold table, they didn't cover me up, and put my legs up in stirrups. And he said 'Who did this? Your boyfriend?' … But then all these men around me, stripped me down, they were talking about playing golf and took back then those polaroids where you would take it and flap it in the wind and it'll, and they took pictures of me up there naked while they were sitting around, it was always a joke.

She also conveyed her frustration of what occurred in the courtroom

> And the day that I was in court, he got two free lawyers, it cost me $20,000 dollars. And he got two free lawyers. There was a lady who came in who had opened up a pack of bologna in the [grocery store] in [city] and she either had to pay $99 or spend 99 days. Alright, so here she was crying and here I was sitting there in stitches, and black and blue and marks all over me, and it was like it was a joke. So that's what our WHOLE society, this is why women crawl in a HOLE!... The judge asked me was I a whore? 'Were you a hooker, a whore, a woman of the night?' He came off with all this. And I said 'NO! But what has this got to do with all this?' It was like, ah, you know, because of the way you looked, did you make him – and I was like 'Wh-! If I was a prostitute, I was in my own apartment, I was in my bed, with the door locked and the chain on it. What, what does my sexual content have to do with this?! But this is what women go through, and this is why they put it in a closet and live with this anxiety and turmoil.

Katie discussed also feeling that she received inappropriate care from a medical provider following her first assault. She consulted a female gynecologist rather than her primary care doctor "hoping that [as a female] she would be more understanding." She described her exchange with the female gynecologist:

Her comments to me after she did the rape kit and everything she did, her comments to me when she called me back to her office to sit down, she puts her hands behind her head and leans back in her chair, she says 'I'm just going to give you a good, uh, piece of advice, she says, you need to just suck it up and move on.'

Leora conveyed her feelings of injustice regarding her attackers, both of whom were escaped prison inmates at the time of her home invasion and rapes. She explained that one perpetrator received a sentence of life in prison and was serving additional three 40-year prison sentences when he was released on parole for good behavior. Both Lisa and Ariel feel a sense of injustice because their rapists were not caught and punished. Lisa delayed reporting her acquaintance rape for a year and after reporting, feels her case was not fully investigated. She talked about the unfairness that her perpetrator continues on with life.

I never got justice, I guess… And I didn't really want to throw him into jail and ruin his life… I wanted him to know that what he did was wrong. And I wanted him to be sorry for it. .. He's married now. He's got a baby [crying]. Living a good life…. I don't think it's fair.

Ariel, who chose not to report her acquaintance rape, conveyed some of the same sentiments as Lisa. She reported dismay at seeing her attacker move on from the assault and is now married.

**Positive effects following the assault.** Surprisingly, five of the participants reported experiencing some positive effects from their sexual assault. Lisa said "Part of me thinks it's changed me, and I know this sounds weird, but it's changed me for the better." Ariel says

I want to help people like me. … I want to be there, let somebody talk to me, 'Hey, I've been there, and this is what I did and let's see if that works for you.'… I always think about how it's made me stronger.

Nuppie said “So those, that memory, of my trauma, I can’t make that go away but I can make a difference in this world.” Victoria, a high school teacher, has made it her life’s mission to share her story to help other victims like her along the road of recovery. She said

> It’s called beauty from the ashes. Cause it’s all, it’s a dark tragedy, you know, it’s one of those things that I wished had never happened, but THOUSANDS of children are better today cause when they get feeling bad, they think ‘Well, Mrs. Victoria lived through it, and I can live through it.’ I see students, now, I see students that they know we’ve talked about it and I, but I’ve been teaching, it’ll be 36 years this year, so I’ve had students that I have their children and so they’ll come to me and you know, tell me, you know, ‘Thank you because I knew that you made it through it, now I’ve [former student experiencing former abuse and/or assault] made it through it.”

According to Heidegger, finding such positive effects from their sexual assault indicates ‘*coming to a clearing’*. This term comprises the survivors obtaining an enlightened understanding regarding their experience. This enlightened understanding has a practical component. Heidegger further describes this state of understanding as a “projecting upon possibilities” (Wrathall, 2005, p. 28). When *Dasein* possesses a true understanding of something or an event (i.e. *coming to a clearing),* she recognizes the ways that living that particular experience can be used to positively affect others. As demonstrated in these excerpts, the survivors experienced *‘coming to a clearing’* when they began to attribute meaning or understanding to surviving their sexual trauma. They saw the possibilities of how their experience may be used to benefit other survivors.

These related themes which comprised the greater constitutive theme “Forever changed” clearly demonstrate how a sexual assault survivor’s life is henceforward changed from the time of the first assault experience. Survivors’ lives are transformed and changed in all aspects:

physical, mental, emotional, and social. Common experiences among survivors include altered relationships, a lack of full recovery, presence of triggered memories and physical reactions, hypervigilance, altered sleep, unwanted remembrances of the assault anniversary, depression, anger, altered sense of self-worth, a need to maintain control, blaming of self and experiencing victim-blaming by others, feelings of distrust, unfairness, and injustice. Several participants reported a positive affect from their sexual assaults related to increased strength and desire to help others who have had similar experiences. With such broad and significant impacts on one's life, it is obvious that a sexual assault survivor's life is truly forever changed from their previous existence. This new *Dasein* (i.e. meaning of existence) encompasses changes in physical, mental, emotional, and social realms. This new *Dasein* sees relationships changed and experiences the lasting impact of surviving sexual assault. For some survivors, this new *Dasein* does not include reaching a point of full recovery. This new *Dasein* for sexual assault survivors creates the need to deal with unwanted memories and physical reactions when triggered by certain sights, times of the year, smells, sensations, etc. A heightened state of awareness or hypervigilance, the presence of nightmares and sleep disturbances, and reacting negatively to the anniversary of the assault also comprise this new *Dasein.* Further, the sexual assault survivor also undergoes periods of depression, anger, blame, and altered feelings of self-worth. Also present within this new existence for sexual assault survivors is the need to feel in control, a distrust of others, and feelings of injustice and unfairness. Finally, many sexual assault survivors find that their new *Dasein* also includes positive effects from their assault.

**Coping afterwards**

Along with the shared experiences outlined in the previous constitutive theme of "forever changed", common coping mechanisms were revealed by the participants in their interviews. This second constitutive theme is composed of five related themes. Those coping mechanisms

reported by the sexual assault survivors participating in this study were both positive and negative. They included actions to avoid being revictimized, benefits of labeling or characterizing the event, needing to share the experience but fear of inflicting pain upon others through the telling, substance abuse, and suicidal ideation.

**Avoiding revictimization.** Three of the participants conveyed steps they took following their assaults to avoid being revictimized. Their actions align with Heidegger's *circumspection* in which a new way of seeing the world as influenced by past experiences occurs. These steps included changing their appearance to make themselves less attractive, avoiding an activity associated with their assault, and becoming socially isolated. Vetta reported cutting her hair short to avoid attracting attention. Victoria stated

> I didn't want to be attract- I always felt like if I was real attractive somebody would look at me and want to flirt with me, and I didn't want that anymore. Even though I never let myself go because I don't like doing that, I still didn't like having that attention drawn to me, if somebody said 'Oh, you look pretty' I would go 'uh, no, I can't look pretty.' You know, I CAN'T look pretty cause if I look pretty a man will want to look at me and then, I don't want to go through that again."

Vetta, who had been out for a night of social drinking on the night of one of her assaults, stated

> I don't go out anymore… I don't do anything… I don't have friends… I just push myself away from society except to go to work and come home. But then it's gotten to the point where I just don't like the thought of even buying a beer. I don't like how it makes me feel, and it probably the things that happened when I was drunk.

**Labeling the event.** Five participants reported characterizing their assault and labeling it as rape assisted them with dealing with the aftermath of the assaults. Labeling the event fits into

the Heideggerian perspective of *coming to a clearing*. *Coming to a clearing* refers to the obtainment of an enlightened understanding regarding their traumatic event. Lisa reported

> When I first, when I first put the word rape, rape to it, I actually felt a little bit better because I didn't feel like I'd done something wrong. There was another part of it, is I felt like I'd done something wrong. Something terrible had happened but I had a hand in it. And then when I attached the word rape to it, it kinda made it 'Lisa, this isn't your fault.' It's no longer something you did.

Ariel reported a hesitancy with wanting to label her experience as rape "because you can't ever wash it off" but acknowledged that labeling the experience "helps overcome it. So once you recognize what it is, you can kinda move on and start to accept what happened… work through it that way. " Victoria characterized her assault with the following:

> This is just one of those things of life that happens. It's no more than, you know, than going being in war or like having a major car wreck or somebody dying in the family. It's just a tragedy that happens! And mine happened to be rape!

**Fear of inflicting pain upon others with telling.** The majority of the participants revealed that talking about their experiences was beneficial to them. Perhaps, this could be attributed to *coming to a clearing*. However, three of the participants told how telling family and friends about their assaults was hurtful to those with whom they shared the experience. Lisa reported her family members crying when she spoke of her assault. When Victoria tried to share her experience with her sister and mother, she reported being "shushed" and her family openly crying. She reports that her brothers still refuse to talk about it, 34 years after the event. Leora avoided talking to her family about it for fear of them knowing her pain.

**Substance abuse.** Two of the participants reported using substances to deal with the aftermath of the assaults. Vetta reported getting involved in drugs "to just push the feelings

away" and Nuppie turned to alcohol abuse to cope. She reported drinking every day, even while working as an elementary school teacher.

> "…so I think they were probably all crappy principals so they didn't care that we were, that George and I and Lilly were drunk all the time (laughs). I mean, really, it, it was really pretty bad. WE [emphatically stated] took all the, but we LOVED [emphatically stated] our kids! And we took our kids to Washington DC, and we took them to trips, and we took them to [name of institute] and we took turns going to the bars [laughs]."

Their need to turn to substances to mask their feelings or keep emotions hidden ("put it in a closet" could be interpreted by Heidegger's *thrownness.*

**Suicidal ideation.** Again, Heidegger's *thrownness* may influence the survivors' actions here. Being thrown into a new and changed world and not being able to understand their new existence may drive survivors to try to regain control in this way. Katie reported a suicide attempt in the past and Victoria reported understanding why rape victims turn to suicide.

> Because if I had to live like this day in and day out, you know, day in and day out, my life wouldn't be worth anything… if I thought my life was going to be like that all that time, I understand WHY people do this, I do, I do, I understand.

**Finding strength through faith and a greater being**

Evident throughout the participants' interviews were strong emotions referring to spiritual beliefs and religious practices and how these influenced their recovery from sexual assault. When considering the influence of spiritual beliefs and religious practices upon their recovery process, the participants divided themselves into three groups based upon their reflections and statements on the subject. One group consisted of those who identify themselves as being very strong in their belief system of a greater being and their connection to a religious organization. The members of this group repeatedly referenced drawing strength and support

from a greater being, often identifying that being as God, and from other members of their religious affiliation. The second group was composed of those who deny membership in a religious organization and voiced a disbelief in a greater being or referred to spiritual beliefs concerning other than an identified greater being, such as nature. The third group was composed of those who questioned the omnipotence and omnipresence of a greater being and whose statements reflected a state of questioning and searching for answers. The constitutive theme of "finding strength through faith and a greater being" was composed of six related themes and discussion of those related themes follow.

**Presence and existence of a greater being.** Several participants referenced the existence and presence of a greater being while some voiced their uncertainty about the existence of a greater being. Their beliefs associate with Heidegger's *Dasein,* which refers to the meaning of existence. Two of the participants told of how they felt God's presence during the recovery process. Some attribute his presence being evident through answered prayers. Katie said

> I think prayer and really talking to God and… not just talking, sometimes I had to shut up and listen… that story about footprints, I mean, he HAS carried me (crying) and I can – there's, there's so many times, uh, when I… I just didn't want to go on. And it would have been his strength that carried me through these circumstances.

Two participants reported sensing God's presence and hearing his voice while they were being sexually assaulted. Victoria recalled:

> And that's when he started swinging with that bat and hit me so many times. And that's when the Lord told me to just play dead. And I went limp and played dead but during that time period, there was one time when he put the white towel over my face and he was biting my skin so hard, that I was afraid that I was going to scream and he knew that I wasn't dead. And so, I prayed 'Lord, if it's time for me, I'm ready to go, just end this.'

> And I tell people, it was nothing like I've ever experienced ever. I felt His presence to the point that I heard the small, still voice that people talk about….I did not have an out of body experience where I go to heaven and see alight. I did not have that. …but He said 'My child' the words stuck in my head 'My child, it's, it's not time for you yet.' And I said, in my mind, I said 'Lord, I can take what's going on with me' cause I'd been raised a Christian and I knew that what was going on was not my fault, and I said 'I can take what's happening to me but I can't take the pain Lord, I'm afraid that I'm going to cry or yell' [had been trying to play dead] and I mean, in a, less than a millisecond, the man, I could feel, I could feel, I tell people I could feel it shaking [pulls on her inner thigh] where he was biting into my flesh but no more pain. And to this day, I could not tell you that pain, no more than nothing. It went away that fast…. He said 'My child, it's not time yet. I've got other things for you to do. … You just, you just, it'll be alright.' And I said 'Lord, it'll be alright, it'll be alright, it'll be alright.' But I tell people you know, just knowing, like, I mean you can't imagine a human being just biting your breasts, taking hunks out of, taking, with blood, teeth marks, and especially in my thighs. And it went away, just shush, just like how a woman forgets the pain of childbirth, it just went away, it just went away.

Morgan was another participant who recounted sensing God's presence during her attack. She said:

> but I do believe, I believe that, I think that, even though while that situation was going on, I think that the, that my reaction, I really th-, I really do believe my reaction was guided by the Holy Spirit because a calm came over me and it was like hearing, and I'm not auditorially, but in my mind, it was kinda like, kinda of getting some kind of message of just 'Be still. This is going to pass. Just don't do anything. Don't fight.

Leora reported feeling the presence of a higher power after her assault.

> Without faith I don't think I could have made it. Because you know when you get to feeling that way, um, you know, you know somebody's with you. And that was, and I did that so many times, especially in that first year… I remember feeling like I am SO HONORED to have God to look upon. Uh, I don't think I would have made it through it without it.

Morgan stated "my life is directed by God and I have, I have the Holy Spirit looking out after me…. I, I really felt that, that the Holy Spirit was there." Vetta stated "it's hard to sit and imagine that people don't believe in Him cause in my lowest times, He's been there… when I thought that there'd be nothing, He's been there." Ariel stated "that's what makes me think that maybe ok, maybe someone was watching over me then." In stark contrast to the words of these particpants, Savannah questioned the presence of a benevolent God. "If there's a God, how can He let stuff like this happen?"

**Beliefs.** All but three of the participants discussed some of their belief systems. Again, this related theme fits into Heidegger's *Dasein* which examines what gives meaning to existence. Lisa stated "I did lean on my faith, I did not lean on the people of my faith. Did I pray and lean on my faith? –yes!" Katie reported that the Bible directs her and that God uses the Bible and devotionals to guide her. Leora stated "I'm so fortunate to be alive. God spared me, you know. … I'm so proud to be alive. Thank you God for putting me here." Morgan, the only participant who stated she was fully recovered, further discussed how her beliefs influenced her recovery. She revealed

> I'm, I'm not going to be a martyr, I'm not going to be, I'm not going to play the victim. I'm just not going to because I think honestly for me, that would be sinful. .. Because it would be, it would be saying 'Well, God, you're not really there.' You know? So, so

> that's that I think that that's… I, I, I hope I don't have to go through anything really, really bad in the future but I think if I did, I'd just pull from my faith and just get through whatever. It's kind of like, you know, I think about people that survived like the Titanic, you know, people who are sur-, you know, there's a surviv-, you're either a survivor or you're a victim. And I'm just not going to be a victim. Just not going to be. Cause I just think that that would be an affront to God…Cause I just think that'd be saying 'Well, I, I'm just going to stop. I'm not going to keep using my talents. I'm not going to keep going forward to glorify you or be of help to other people.' Cause if I just close myself off and just say 'Poor me!' then it's kind of like, in my view, just kinda not being grateful.

**Spirituality.** Two of the participants preferred to consider themselves spiritual rather than religious. Although in this study spirituality is separated from religiosity, it too corresponds to Heidegger's *Dasein* as spirituality contributes meaning to existence for some of the participants. Savannah defined spirituality by stating "we all have a purpose." Nuppie attributes spirituality to being in nature and elaborated fully on her beliefs.

> I had the pine trees and the white rock and the wind and little nature spirits. I see little, they kind of look like trolls, they're about that high (holds hand at about three feet), sometimes they have faces, they're not male or female, and their little hair is all kind of like mine most of the time, mine is just all, like trolls, you know, just wisping around. And I do see them. And… so a connection with nature, um… I do think there is a universal spirit and I think there is um… I just think that it's just a universal spirit. I don't know about this whole Jesus-thing.

**Fearing judgment.** Regardless of their identification with an organized religion, four of the participants relayed negative feelings and attitudes toward organized religion, especially in

the context of sexual assault.  As this fear swayed their actions, it might best fit with Heidegger's *moods and disposedness.* Fear is a strongly motivating emotion which might overpower a person's decision to disclose their assault thereby also influencing their new existence.  As a sexual assault survivor choosing not to tell others and trying to deal with the assault's aftermath on her own because of fear of judgment also influenced her spiritual relationships.  Lisa reported feeling that she could not pray to God about her assault. She stated

> Like how do you pray about that? How do you? It just felt wrong. It felt wrong that I had to talk to God about it. …I felt guilty talking to God about it…I didn't think it was appropriate for me to pray about this and for me to pray about my recovery. It just felt like you don't bring that into church… you don't bring something terrible and dirty and tainted like that into church." Vetta reports leaving organized religion due to her lifestyle choices and stated "I ended up just staying away. I was ashamed.

Savannah avoids organized religions and reports there being too many hypocrites in church. She said "Because I've been so many people up there be so cruel to people, and, and be mean, and, and, one that's in your, it's not, we're not supposed to judge other people, that's not my values to do that." Although strongly identifying herself with her faith and organized religion, Morgan did not tell anyone at her church for fear of judgement from them.

**Interpreting assault through religious lens.**  A common thread within three of the participants' interviews was their interpretation of their assaults through a religious lens. Trying to interpret their experience is associated with Heidegger's *ready-to-hand. Ready-to-hand* refers to the work to be done.  In this context, the survivors are trying to gain understanding and make meaning of their experience and are choosing to do so through a religious lens.  Lisa reported "trying to fix" the rape in view of losing her virginity during the assault.

I was always taught that the first person, my… this assault was actually my first sexual encounter, so I was always taught that the man you had sex with for the first time is supposed to be your husband. So I twisted it around in my head to where I could cope, I threw myself into the relationship… I actually sought him out afterwards. I didn't, I didn't feel right about it but my religion, and … I was really close in my church… I was… my religion taught me that I was supposed to be with him… I flung myself into the relationship thinking I had to make him my husband. And I know that was such a backwards way of thinking about it now that I look back, I'm just like 'What… now that wasn't right!' Because of my upbringing and because I was taught the first man that you had sex with is supposed to be your husband. I knew that I'd done it backwards, I knew that I'd had sex with him before I got married to him, but I figured that I could still make it right. I could still turn this around and make it right.

Additionally, Lisa frequently used the word "confession" when discussing telling her family about her rape. When asked about the use of the word 'confess', Lisa reported being unaware of using that word and of why she chose that particular word. Ariel reported questioning the omnipotence of God in the context of sexual assault. She said:

Cause I would think, why would God let this happen to me? And then, of course, with my actions, and then you'd think, and I'd also question it like, 'why would this happen to me so then why does it happen to all the other women?'… I won't have to worry about somebody else letting stuff happen to me or not… cause everyone in life says put your faith in Him and then evil stuff happens.

Victoria shared her reflections regarding sexual assault and how it should be considered in the context of 'sin', a religious term referencing a disobedience to God's rules. She stated

> one of the very first things that I had to realize quickly, was I wasn't the one that did the sin, I was the victim of the sin. Now, did I put myself in the situation that caused it? YES! ….so it's hard for them to see that power of Jesus Christ working through someone like that. Um… but I always give Him the credit for everything. I've, I've always done that. He's, He's the reason why I'm here. Most people would have been dead going through what I went through, they would have been in the corner, couldn't get out, couldn't do anything. And I said 'He allowed me, He had a job for me to do, and then He didn't mean for this to happen but since it did, He just tacked it onto my agenda [laughs]. And this is how I look at it and just go on about it.

When asked about the assault affecting her later sex life, Victoria denied issues with sexual intercourse with her husband of 32 years and referenced God as the creator of sex "Cause He invented sex to begin with! Satan, did the desire, out of control desire."

**Beliefs and religion as a support during recovery.** Again, this related theme can be interpreted using Heidegger's *ready-to-hand.* The participants considered their beliefs and religion as tools to help them deal with the experience of sexual assault and in trying to progress along the journey to healing. When considering this related theme, the participants again essentially self-divided into three groups: those who identify themselves as being very strong in their belief system of a greater being and profess a connection to a religious organization; those who deny membership to a religious organization and expressed doubts regarding a greater being; and those who relayed questioning the omnipotence and omnipresence of a greater being and seemed to be searching for answers. Vetta, Nuppie, and Savannah denied strong associations with organized religion and denied that such an organization would provide support for recovering assault survivors. Vetta stated "It just gives the other person something to gossip about and I just don't trust it." Nuppie reported being involved for fifteen years in the past with

the Adventist denomination because of the discipline that it provided her but reports wanting "nothing to do with the Adventist church". Savannah referred to organized religion being populated by hypocrites who "are not there for the right reason, they go for show."

Directly opposite from these participants' beliefs are Victoria, Leora, Katie, and Morgan. Leora related that her members of her church sent over 470 cards to her following her assault and hospitalization. She stated

> I still have those and if I get real depressed or whatever, sometimes I'll sit down and read some of them. And a lot of them were Christian people and most of em I went to church with or were real good friends. And I think you know without them and God, I would've never made it.

Morgan related how her religion, rather than the people composing the church, brought her "comfort" during her post-assault period. And Katie repeatedly asserted that it was God's strength and comfort which had preserved her to this day. Lisa and Ariel, both the youngest participants of the study, professed some belief in a higher being but frequently questioned God's purpose and control of such a traumatic event such as sexual assault happening to people.

As demonstrated, all of the participants voiced their beliefs and feelings regarding a higher being and the influence that spiritual beliefs and religious organizations and activities had upon their assaults. For some, their beliefs provided a context for them to interpret the act and for sources of support. For others, their beliefs led them to further question the meaning and purpose behind enduring sexual assault without providing significant support during the post-assault period.

**Focusing on what helps**

During the interviews, the majority of the participants voiced actions that they believe would help in the recovery process from sexual assault. These actions form the constitutive

pattern "focusing on what helps" which is comprised of three related themes. These actions include the ability to freely talk about their experiences, a feeling of kinship with other survivors, and participation in counseling. While the majority of the participants addressed all of these actions, they reported varied efficacy of them in their own experiences.

**Counseling.** Several of the participants had received post-assault counseling. Again, this might be interpreted in light of the survivors trying to gain understanding of their new existence, Heidegger's *thrownness.* Of those who attended counseling, Morgan was the only participant who attributed it to helping her make a complete, full recovery from her sexual assault and she was the only survivor who participated in eye movement desensitization and reprocessing (EMDR) counseling. She stressed that counseling helped her because it was EMDR counseling. Lisa, Katie, and Leora reported the main benefit they received from attending counseling was being able to freely talk about their experiences. Leora stated

> And if I had gotten into it, uh, that way, and I think it might have been really good because you'll say stuff in front of other people that had been through it that you'd might not say to your family or friends. Because they can understand, you know, your feelings.

Savannah reported having a negative experience with counseling in the past and chooses not to pursue it again.

**Distance and time.** Some of the participants spoke about the effect of time and distance on recovery. Using Heidegger's perspective of *circumspection,* one might assert that with distance and time from the assault, the survivor's new world is not as different as it was immediately after the assault. Time and distance may lessen the harshness of the changes. Victoria planned to go teach in South America for a year and was scheduled to leave the month following her attack. Over the objections of her family, she went to that teaching assignment and recalled "But really, in the long run, it helped me to get away, just get away, out of sight, out of

mind, and just ignore all of this… it gave me that peace of mind that, that, I wouldn't be bumping into him."

In contrast to Victoria being able to obtain distance from her assault, Leora told of how she begged her husband to move out of their home where the home invasion and rapes occurred. She stated "And I BEGGED my husband, 'move, let's sell this place, I just can't stand it!' And he kept saying, 'Well, it can't be that bad.' And I kept saying 'But you weren't here Buddy.' And he said 'But I cleaned up the mess.' And I said 'Yes, but you were not beaten and raped and everything that happened to me. You have no idea what I went through.' Leora shared that although they did not move from their home, they built an addition on to use as the new master bedroom so that she no longer has to sleep in the same room in which her rapes occurred. She stated "That has helped tremendously." She reports still having a desire to live elsewhere. "I do still have a LOT of bad memories there…. I still begged him to sell the house. And I love my house but I'd sell it tomorrow if somebody wanted to buy it." Despite continuing to live in the same house in which her rapes occurred, Leora relayed that it becomes easier to talk about her experience over time. And she "has more good [days] now than it used to be fore sure" and being able to "put it out of my mind a lot better" than she could in years prior. Also referring positively to time passing since her assault, Victoria said "I think one thing as you live being a rape victim, just like a veteran, the longer you live with it, it never goes away. But you have the tendency to know that everything is going to be alright even though you have days when you sense it more, you feel it more…"

**Talking is healing**

During the interviews, all of the participants voiced the healing benefit of being able to share their experience with others and of having others to actively listen to them. These themes form the constitutive pattern "talking is healing" which is comprised of three related themes.

These actions include the ability to freely talk about their experiences, having someone to listen to them, and a feeling of kinship with other survivors. Again, all of the participants voiced the benefits of talking and its positive contribution to the recovery process.

**Talking, having someone to listen, and finding a kinship.** All of the participants gave voice to the need to be able to freely talk about their experiences and to have someone to listen to them as they spoke of their incidents. Using Heidegger's perspective of *thrownness,* this might be interpreted as the participants trying to make sense of their new reality. Some participants revealed the benefit of sharing their assaults with other survivors, thereby, forming a feeling of kinship with them. In essence, forming a new community largely based on their affected relationships with others. Several excerpts follow presenting the participants' view on the need to share their experiences.

Ariel reported

> I deal with it [ the rape] by talking about it… that talking about it helps and just having people sit and listen helps…. I think that by having outlets where you can talk about stuff or you can try to help other people… using those outlets to help spread that HUGE emotion cloud helps.

Ariel found solace in a therapy group at a state university. Not only did she find it beneficial to share her experience with others who had similar experiences, she recalled how hearing other women's stories enabled her to characterize her rape against the violence and situations of the others sharing in the group. Further, it provided an avenue to learn coping mechanisms to deal with the after-effects of sexual assault.

Vetta characterized supportive behaviors of those in her life being centered on letting her share her experiences and feelings and being listened to. Vetta gave qualifiers of these supportive behaviors when she declared

everybody needs somebody just to listen to and to talk to. So just to listen to that person, it's not our, it's not our position to understand it, or to figure it out, it's us to, you know, us to understand that they need somebody.

Katie voiced that talking about her experiences was a therapeutic endeavor. Katie reported "needing to get this out" and stated "It's a story that the more I'm able to bring it out to the surface, the more I'm going to be able to move on and get away from this. Or, ACCEPT it." Although Nuppie reported the act of speaking about her experiences as beneficial, she clarified how she believes it is involved in healing from trauma. She stated "I learned that just to talk about what happened to you is not healing. You have to have awareness … you need an awareness of what happened but you can't stay stuck there." In contrast to these participants, Victoria relayed how not talking about it could harm the survivor. This silence reinforced her feelings of self-blame and guilt. She stated

> So, my family immediately wanted to just not talk about it. So, by not talking about it, really… hurt me in a way because I felt like that it made me feel like sometimes I had done the wrong even though I knew I hadn't done the wrong…. So, with that type of tragedy you have to talk about it to get over it. So that's one of the first hurdles that I had was my family, uh, just didn't want to talk about it. And that was really hard for me.

After telling about laughing with another survivor regarding some details of their experiences, Leora conveyed that being able to laugh was a sign of healing. She stated

> I think just being able to laugh about it is a sign of healing. Because for several weeks, I just kept it all in. And I was miserable, so depressed. And I just, I thought 'you know, I can't live with this. I've gotta do something.'

Additionally, after Leora assisted her primary physician in talking to a new sexual assault victim, she reported finding that ability to help someone else healing as well. Notably, Morgan, the only

participant claiming full recovery, reported that through talking she was able to finally forgive herself. She stated "some of the conversations that we had I think were probably really helped the healing. Because I think at that point I was able to, um, forgive myself."

Along with being able to talk about their experiences, many of the participants reported having someone to deliberately and carefully listen to them was extremely helpful. Lisa stated "I think it was when they were just listening… was the most therapeutic." Both Lisa and Vetta likened listening to being supportive. Lisa told "In the beginning my family was very, very supportive and that definition means letting me talk, letting me… say whatever I need to say to get it off my chest." Ariel mentioned how talking to other rape survivors in group sessions enabled her to obtain ideas of how to cope with being a survivor. She stated "what really helped in the group was just seeing that other women had been affected and they're trying to live normal lives too." Vetta said "it's sad to see but… it's, you know, they survived. They didn't give up and kill themselves… You're not alone… even though I know I'm not, it's good to hear sometimes."

At the beginning of this chapter, the concepts comprising *Dasein* and the vocabulary used to refer to those concepts were presented in Figure 1. Following completion of this study, the diagram was revised to illustrate interpretation of the lived experience of sexual assault recovery through a Heideggerian lens and is presented (Figure 2). As demonstrated, the Heideggerian concepts comprised *Dasein* ("being", "what it means to exist") reflect key milestones in the recovery process for sexual assault survivors.

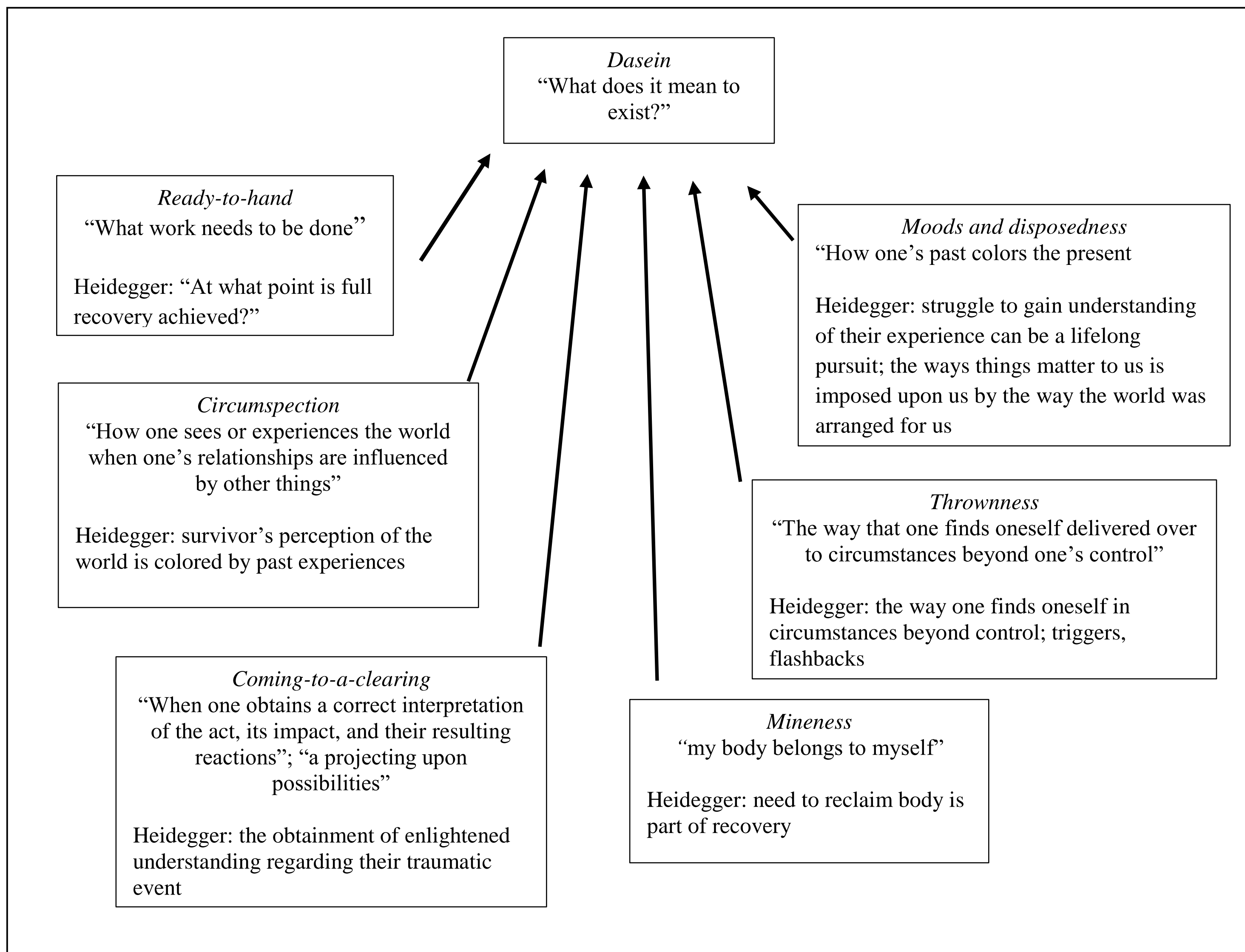


*Figure 2.* Lived experience of sexual assault recovery through the Heideggerian lens

Sexual assault affects a survivor physically, emotionally, mentally, and socially. As demonstrated, some survivors unwillingly relive their experiences repeatedly throughout their lives or are haunted by memories and triggers of their assaults. Because participating in this study could exacerbate these affects, a method of measuring the amount of distress when recalling their assaults was needed. The Impact of Event Scale-Revised was employed to determine if a participant was emotionally distraught and in need of assistance from participating in this study. A discussion of the participant results is present in the next section.

**Impact of Event Scale-Revised Results**

At the conclusion of each interview, the researcher explained the purpose of the IES-R and explained how to complete the scale to each participant. The researcher remained at alongside the participants to further explain any of the scale's indicators if needed. Mean scores for the scale were calculated and are presented in Table 4 which follows. As this scale aids in clinical reasoning of acute distress, there is no cut-off score (Motlagh, 2010). Increased scores may indicate the need for further evaluation. In this study, the scale was used to determine the presence of acute distress seven days prior to the interview date. This scale was useful in determining if planning to participate in this study increased the participants' stress levels. As demonstrated, overall scores ranged from zero to 56. The intrusion subscale had the highest scores for five of the participants while the avoidance subscale had the highest scores for two of the participants. As the overall scores for all participants except two were relatively low, it was evident that the majority of the participants were not in states of acute distress in the seven days prior to the study interviews.

Table 5.

*Impact of Event Scale-Revised Results*

| Pseudonym of participant | Intrusion subscale score Raw score/mean | Avoidance subscale score Raw score/mean | Hyperarousal subscale score Raw score/mean | Total IES-R score | Actions or referral? |
|---|---|---|---|---|---|
| Lisa: inter. 1<br>inter. 2 | 7/0.88<br>10/1.25 | 6/0.75<br>7/0.875 | 0/0<br>1/0.17 | 13<br>18 | None needed |
| Vetta | 7/1.75 | 19/3.25 | 4/1 | 30 | None needed |
| Katie | 21/2.625 | 18/2.25 | 17/3.167 | 56 | Already seeing a therapist |
| Nuppie | 0/0 | 0/0 | 0/0 | 0 | None needed |
| Savannah | 19/2.375 | 25/3.125 | 7/1.167 | 51 | Refused referral; verified emotional state before leaving |
| Morgan | 0/0 | 0/0 | 0/0 | 0 | None needed |
| Victoria | 1/0.125 | 0/0 | 0/0 | 1 | None needed |
| Leora | 3/0.375 | 0/0 | 2/0.33 | 5 | None needed |
| Ariel: inter.1<br>inter.2 | 2/0.5<br>5/1.75 | 4/0.5<br>0/0 | 3/0.5<br>0/0 | 9<br>5 | None needed |

**Conclusion**

In conclusion, five constitutive patterns emerged from the participants' interviews. These constitutive patterns were 'forever changed', 'coping afterwards', 'finding strength through faith and a greater being', 'focusing on what helps', and 'talking is healing'. The first theme 'forever changed' was composed of fifteen related themes and referenced how the sexual assault survivors' lives were changed in the multiple aspects. These aspects included physical, emotional, mental, and social realms. Many of the survivors revealed they continue to have issues with trusting others and often find themselves in a state of hypervigilance, watching for possible threats. Many are still in the recovery process and attributed their nightmares, sleep disturbances, triggers, and physical reactions to people, places, and situations as evidence of that continued recovery. Many survivors deal daily with the emotional impact of their attack and

experience continued anger, feelings of injustice and unfairness toward their attacker(s), decreased self-worth, depression, and suicidal ideation. Some survivors continue to deal with the blame they place upon themselves as well as the blame others attribute to them for the assaults. The second pattern 'coping afterwards' was comprised of five related themes and details ways the survivors tried to mediate the effects of surviving sexual violence. The third pattern 'finding strength through faith and a greater being' was comprised of six related themes and describes the influence of spiritual beliefs and religious practices has on surviving sexual assault. Although not initially intended as an investigative part of this study, a fourth theme telling what participants viewed as positively contributing to their recovery journeys emerged from the interviews. The fourth pattern 'focusing on what helps' included two related themes and details actions which the survivors report was helpful for them during their recovery journey. The fifth pattern 'talking is healing' included three related themes and discusses the benefit of talking about their experiences and of joining a community of survivors. The lived experience of sexual assault survival can be interpreted using Heideggerian hermeneutic phenomenology. Key components of his philosophy applicable to this research include *Dasein, ready-to-hand, circumspection, thrownness, moods and disposedness, situated freedom,* and *coming-to-a-clearing*. Heidegger's philosophy and method of interpretation assists the researchers in understanding the survivors' new existences, the work to be done in recovering from sexual assault, understanding the world as it has changed because of the sexual assault experience, dealing with the emotions and situation that the sexual survivor suddenly finds herself placed in, and arriving at a new understanding regarding their traumatic event(s). This new understanding may also include practical applications for how their experience may benefit others who find themselves undergoing the aftermath of sexual victimization.

# CHAPTER 5

# ANALYSIS

Following interpretation of the data using Heideggerian hermeneutic phenomenology, analysis of the interpretive findings follows. This analysis compares the researcher's interpretations against current literature, identifies studies possessing similar findings, contrasts these findings against contradictory studies, and identifies previous gaps in the literature to which the current study seeks to contribute new knowledge. This chapter will also provide recommendations for future research and describe how findings from this study have implications for social change. Additionally, an overview of the researcher's possible pre-understandings (context) will be presented.

## Purpose of the Study

This Heideggerian hermeneutic phenomenological study was conducted to gain understanding of recovery from sexual assault as lived by adult females. Common meanings and shared practices were sought after by the researcher. Therefore, the aim of this study was to understand the recovery process of female sexual assault survivors and the factors that promote their recovery, including the role of spirituality and/or religious practices on the recovery process. The following research questions guided this study: 1) What is the lived experience of recovery by a female sexual assault survivor over time? and 2) What are the common meanings and shared practices of those recovery from sexual assault? Additional questions included "How have spiritual beliefs and religious practices influenced the recovery process?" and "Do survivors use spirituality and/or religious practices to promote their own recovery following sexual assault?"

## Methods and Procedures

Heideggerian hermeneutic phenomenology was an appropriate method for investigating recovery from sexual assault as it seeks to understand how sexual assault survivors make sense of their lived experiences. This method allowed the investigator to gain knowledge about the survivors' perceptions, the significance of the survivors' experiences as they influence future decisions and actions, and what methods the survivors use to minimize the effects of sexual assault on their subsequent lives. Using Heideggerian hermeneutic phenomenology allowed the investigator to gain insight and a true understanding of the lived experience of sexual assault recovery through the lens provided by the participants.

After obtaining Institutional Review Board approval, nine participants were recruited using an advertisement in a local newspaper, a recruiting post through the social media site Facebook, and posting of recruitment flyers in locations frequented by adult females. Three of the nine participants responded from the newspaper advertisement and the other six responded through Facebook. Upon initial contact with each participant, the investigator provided an overview and the purpose of the study. The investigator provided assurance of confidentiality to the participants. When each participant voiced their willingness to participate in the study, interviews were scheduled. At the time of the interview, informed consent was explained to each participant and signed consent obtained after questions were answered. Each participant was asked to choose a pseudonym for use during taping and transcribing. All identifying information such as schools, cities, and names of family members were changed in an effort to maintain confidentiality and minimize risk to the participants. Additionally, in further efforts to minimize risk, each participant completed the Impact of Event Scale-Revised (IES-R) to identify those who were at a state of heightened distress after sharing their assault experiences. As mentioned only two participants had mean scores that called for a response from the researcher. No

emergency referrals occurred. The interviews lasted between 65 minutes to three hours in length. At the conclusion of each interview and in addition to completion of the IES-R, the researcher queried each participant regarding their distress level and ensured that each denied a desire to harm themselves or others before concluding the interview session.

All interviews were audiotaped and transcribed verbatim and then coded by the researcher. Additionally, the transcripts were entered into NVivo10 software, allowing the researcher to run multiple queries and better identify and organize the constitutive and related themes. The researcher and peer colleagues discussed initial findings during this process and decisions for follow-up interviews were made. Two of the participants were interviewed a second time to further explore their experiences. Prior to the second interviews, the researcher read through the initial interviews multiple times to identify areas that needed further exploration and clarification and made notes concerning these areas for easy reference during the second interviews. These second interviews were used to explore several constitutive patterns and related themes: the desire to regain control of one's body, the positive effect of labeling the experience, dealing with blame, altered feelings of self-worth, interpreting the assault through a religious lens, and the amount of support offered through their spiritual beliefs and religious practices. The researcher desired to conduct a second interview with three other participants but was unable to contact them further with the information initially provided.

Both the field journal and personal journal proved beneficial to the researcher during this process. The field journal was useful in managing participant interviews, describing the difficulty encountered when trying to connect with some participants to establish a second interview, and to document the participants' behavior, including non-verbal communication. The non-verbal behavior manifested often lent additional information regarding the participants' stress level during the interview process.

The personal journal proved to be extremely valuable to the researcher. Because of notations made regarding my reactions to the interviews, emotions and thoughts before and after the interviews and on subsequent days, I realized that I was experiencing signs and symptoms of vicarious trauma. I was not only repeatedly reliving the interviews during the days following them, but I realized that I was also dreaming about the participants' experiences. Along with feeling a great deal of physical fatigue and stress, I found my emotions to be rather sensitive and on-edge. These signs and symptoms combined with others inquiring about my stress level helped me, I recognized that I had conducted too many interviews too closely together, not allowing myself time to recuperate between them. Upon this realization, I rescheduled some of the interviews and scheduled some days filled with uplifting and pleasant activities. If I found myself revisiting the participants' stories, I would redirect my thoughts and seek out a distracting activity. It is of interest that my peer colleagues did not experience such reactions as they merely read the transcripts and did not encounter the participants or hear the participants' stories first-hand.

The researcher then performed additional interpretation of the text with the aid of two colleagues. Discussion among the research team occurred and common themes agreed upon. Analysis of the texts was performed using the hermeutic circle, interpretative summaries, supporting literature, and related theories. A concept described by Heidegger as *co-constitutionality.*

The audit trail for this study includes the audiotaped recordings, initial transcripts with transcription errors clearly documented, corrected transcripts, a schedule of participant interviews, and field notes. Additionally, the audit trail includes the NVivo10 records displaying repeated combinations of queries and reports generated within this system. Interpretative notes made by the researcher and two colleagues further comprise this audit trail.

## Discussion

Five constitutive themes emerged from the texts of the participant interviews. The words composing these themes gave voice to the lived experience of adult female sexual assault survivors. Of particular notice are the words and sentence structure used by the participants. Their sentence structure and word choice bears witness to the stress of the ongoing recovery and the emotional impact that the assault still carries. Additionally, the themes provided exploration of the influence of spiritual beliefs and religious practices on the survivors' recovery journeys.

**Forever changed.** This constitutive theme provided understanding for the participants' new existence following sexual assault. This overarching theme had fourteen related themes comprising it. These related themes allowed the investigator to further examine the lived experience in multiple categories. These categories included examining the change in relationships; determining if full recovery, if possible, was achieved by the participants; what memories and physical reactions were triggered during the recovery process and what brought about those memories and reactions; the survivors' need to maintain hypervigilance following their assaults; the presence of nightmares and sleep disturbances; the events experienced surrounding the anniversary of their attacks; experiences of depression; the need for the survivors to feel in control; the presence of anger; the survivors' altered feelings of self-worth and what they felt they lost from the assault; the kinds of blame experienced by the survivors; their distrust of others following their attacks; their feelings of unfairness and injustice; and positive effects experienced by the survivors as a result of their assaults.

As demonstrated by multiple excerpts from the interview texts, the survivors' lives are indeed irreparably changed as a result of being sexually assaulted. This new existence, or in Heidegger's word *Dasein,* is experienced by all participants. None reported their lives returning to the normal that they were prior to the attack(s). As previously mentioned, the overarching,

underpinning question of this research study is to determine "what is being?" in the new context of surviving sexual assault. For these participants, their *situated freedom* is now placed in the context of being a sexual assault survivor. Again, Victoria gave voice to this new *situated freedom* when she stated "Once you're a rape victim, you'll die a rape victim."

***Affecting relationships.*** Their relationships, both intimate and social, were altered. Present within the literature examining mediators for recovery from sexual assault were several previous studies highlighting the importance of positive support for sexual assault survivors. In all of these highlighted studies, increased social support, including spousal support, resulted in a lessening of negative effects including less depression, fewer PTSD symptoms, and greater adjustment to their new existence (Billette, et al., 2008; Borja, et al., 2006; Bryant-Davis, et al., 2011; Campbell, et al., 2010; Tashiro, et al., 2004; Ullman & Najdowski, 2011). This study supported the literature with participants' statements demonstrating how altered relationships resulted in broken marriages, difficulty entering new relationships, social isolation, and social distancing by peers when divulging their sexual assault history. Such findings emphasize the need for spouses, family members, and supportive peers to be included in initial treatment and educational endeavors stressing their roles in providing presence and reassurance during the immediate post-assault period. Additionally, counseling and guidance should be provided to those individuals to address relationship changes and how best to negotiate those changes while preserving the quality of the relationship. Additional studies in this same realm are needed and should include extended members of a survivor's family to determine if additional negative effects of sexual assault can be reduced or eliminated.

***Lasting impact and lack of recovery.*** Sexual assault renders a lasting impact on the lives of survivors. Full recovery, as expressed and defined by the participants, was not seen as an obtainable goal except for one participant who reported being recovered from her assault. As the

time since their assaults ranged from two years to 34 years, it is notable that only one participant reported herself completely recovered. This finding suggests that recovery from sexual assault cannot be expected to occur along a specified time frame such as suggested in the study by Duma et al. (2007) which examined sexual assault recovery at six-months post-assault. The large majority of the participants reported recovery as being a "process" by which they will need continued support for the rest of their lives. Many participants found it difficult to provide a definition of the tasks needed to be achieved in order to reach full recovery. In Duma et al.'s (2007) study, they characterized a point of recovery as *returning to self.* Characteristics of this stage included the assaulted female referring to herself as a survivor instead of victim, refusing to be defined by sexual assault, demonstrating strength, desiring her former life structure to be back in place, identifying coping strategies, and verbalizing triggers of the assault (Duma et al., 2007, p. 17). Based on this current study, it is this researcher's opinion that recovery may be more elusive than postulated by Duma et al. as some of those characteristics were exhibited by the study participants while they continued to assert that recovery is a life-long, ongoing process for the sexual assault survivor. Therefore, this finding signifies a need for life-long treatment, counseling, and support for the survivors.

***Triggered memories and physical reactions.*** Negative memories triggered by sights, sounds, smells, situations, and seasons resulting in adverse physical reactions such as nausea, shaking, crying, bodily tensing up, anxiety attacks, hyperventilating, and lack of appetite are constant reminders of their attacks for the survivors. Many of these responses are symptoms of PTSD. In a 2007 study by Ullman et al., they determined that the severity of the assault influenced the severity of PTSD symptoms experienced by the survivors. Within the context of this study, several participants experienced severe, brutal sexual assaults and required significant medical treatment and even hospitalization following their assaults. Additionally, one

participant was held hostage for three days during her assault experience, one was savagely beaten with a baseball bat and her assailant bit away chunks of flesh from her breasts and thighs, one was raped during a home invasion by two escaped prison inmates, one was raped at gun-point, one was held hostage and raped at knife-point and later was blitz-attacked and raped in a hospital parking lot a few years later, and one was drugged and raped in a bar restroom. Obviously, these participants all suffered severe sexual assaults but all differed in the degree of PTSD symptoms expressed. Therefore, additional studies determining a correlation between attack severity and severity of PTSD symptoms need to occur. Furthermore, studies determining the presence of a correlation between time since assault and degree of PTSD symptoms exhibited are merited to more fully explore this phenomenon.

Examining this phenomenon in the context of spiritual and religious influences, there is no current study in the literature examining the influence of spiritual well-being on the degree of PTSD in sexual assaulted females. However, Borman, et al., (2012) asserted that spiritual well-being encouraged reductions in PTSD symptoms seen in combat veterans. Therefore, a study specifically determining spiritual well-being's influence on the severity of PTSD symptoms is desperately needed as the traumatic experiences of combat veterans and sexual assault victims may be closely related.

***Maintaining hypervigilance.*** Possibly a symptom of PTSD is the need to maintain hypervigilance by sexual assault survivors. There are currently no studies present in the literature specifically examining sexual assault survivors' tendency to remain hypervigilant following their attacks. However, within this current study, seven of the participants reported this behavior. While it is often considered in the context of PTSD and related anxiety issues following sexual trauma, this effect most probably influences social isolation, depression, anxiety, and sleep disturbances experienced by the survivors. An exploratory study examining

the presence of hypervigilance, degree of severity, and influence on other effects, such as sleep disturbances and anxiety, following sexual assault is warranted. The results of such studies could lead to new treatment options to lessen the negative effects following sexual assault trauma.

***Nightmares and sleep disturbances.*** Nightmares and sleep disturbances in relation to surviving sexual assault is referenced frequently in the literature (Krakow, et al., 2000; Krakow, Germain, Tandberg, Koss, Schrader, & Hollifield, 2000; Krakow, Schrader, Tandberg, Hollifield, Koss, Yau, & Cheng, 2002; Marcolongo, 2014; Steine, Harvey, Krystal, Milde, Gronli, & Bjorvatn, 2012). Particularly, in relation to or as a component of PTSD (Crieghton, & Jones, 2012; Krakow, Germain, Warner, Schrader, Koss, & Hollifield, 2001; Maher, Rego, Simon, & Amis, 2006; Morrison, et al., 2007). Several of the participants reported experiencing nightmares and sleep disturbances following their assaults. Degree of the disturbance varied among participants from mild to severe. Each responded to this sexual assault effect in various methods from medications to going days and weeks with little to no sleep. Their reports validated the common experience of sleep disturbances in this population as reported in the literature. Victoria's comment of being told by those who conducted a sleep study on her that she "had severe brain activity in the night" is notable in and of itself in the context of sexual assault recovery. This comment inferred to Victoria that she could not sleep deeply because of her sexual assault occurring in the middle of the night, waking her from sleep. As these are well-documented phenomenon in this population, it would be beneficial to study this in more depth. Sleep patterns as influential to quality of life has been studied in a population of HIV-infected individuals (Phillips et al., 2006). In Phillips et al. study, they found that spiritual well-being positively affected quality of sleep, leading to enhanced quality of life and decreased degree of

depression. This finding needs to be explored in the context of sexual assault research to determine if the findings can translate to the sexual assault population.

***Experiencing the anniversary of the attack.*** Often included in the literature regarding triggers is the significance of the anniversary of the attack. An example of this is the autobiographical work featured earlier in this study (Chapters 2 and 3) to illustrate the application of hermeneutics to sexual assault research. In her work, Raine details the significance of the anniversary of her attack and declares it to be more significant than her own birthday (1998). This significance is because the date of her rape marked the death of the person she previously was before her assault and gave birth to the "new person" she became as a result of her new identity as an assault survivor (Raine, 1998). Three of the participants also attributed significant importance to the anniversary of their assaults. Even when they do not intend to observe this somber anniversary, these three participants reflect that they unconsciously find their moods changing and even experience negative physical reactions such as hyperventilating, increased anxiety, and sleep disturbances. Future studies exploring sexual assault recovery may lead to new knowledge about the significance of anniversaries and provide additional guidance and preparation for the survivors and their support systems in how to best approach that time of year.

***Depression.*** Depression and its possible comorbid status with PTSD is well-represented in the literature (Au, et al., 2013; O'Donnell, et al., 2004). In these studies, depression is frequently documented in sexual assault survivors who are also experiencing PTSD. The severity experienced by sexual assault survivors is concerning as it can often lead to suicidal ideation and suicide attempts. This study failed to fully investigate the presence and influence of depression on its participants. Only three of the participants addressed experiencing it. As this study also examined the influence of spiritual beliefs and religious practices on sexual assault

recovery, this area needs further exploration. Multiple studies have noted spiritual well-being's positive influence on presence and levels of depression but not specific to a sexual assault survivor population (Ahrens, et al., 2010; Nelson, et al., 2002; Gusick, 2008; Hourani, et al., 2012). In the Gusick study (2008), the researcher concluded that spirituality moderated depressive symptoms among active duty military personnel. Among the elderly, religion decreased levels of depression and positive religious coping among Jewish subjects also revealed lower levels of depression (Gusick, 2008; Hourani et al., 2012). Therefore, determining spiritual well-being's influence on depression in a population of sexual assault survivors would bring knowledge to the care of that particular population.

***Needing to feel in control.*** The need to feel in control or the regaining of control is a facet found in the literature detailing mediators of sexual assault. In these studies, the researchers determined that regaining control, or even the perception of regaining control, contributed to controlling the negative effects of sexual assault (Frazier, 2003; Frazier, et al., 2005; Frazier, et al., 2004). Likewise, three participants in this study gave voice to the need to feel in control, particularly of their bodies. This need for control extended past the intimate setting of sexual intercourse to a need for control in everyday occurrences. One participant entered the high-risk profession of exotic dancing ("stripper") and regarded it as a way to maintain control over her body from the men who came to watch her dance. Ariel stated "That's how I looked at it now… the power, control… because they're the ones that's coming to pay me every week. So it's like, I have the control over that…". From this finding, this study provided a new perspective on a sexual assault survivor's belief of maintaining control of her body in what many would deem a vulnerable and risky occupation.

***Anger.*** Experiencing anger in relation to their previous assaults was a common thread found among the participants. Many reported cyclical episodes of anger with the foci of their

anger ranging from the medical professionals who provided care without compassion to the justice system who failed to appropriately punish their perpetrators to their assailants and even to themselves for decisions they made surrounding the assault event. Additionally, they expressed anger at current events regarding a nationally-publicized rape trial. Anger as associated with PTSD is well-represented in the literature as multiple studies examine the presence and degree of anger as predictive of PTSD type and severity (Armour, Elklit, Lauterbach, & Elhai, 2014; Feeny, Zoellner, & Foa, 2000; Zoellner, Goodwin, & Foa, 2000). This study failed to fully examine anger over their sexual assault in the context of spiritual beliefs and religious practices. Some participants expressed anger at God over the assault occurring. Further exploration of this subject matter is warranted as it may render new knowledge about mediating negative effects from sexual assault for those who may profess a strong faith background and may turn to religious coping actions.

***Altered feelings of self-worth and feelings of loss.*** Self-worth in the context of sexual assault research is well-represented in the literature. Jacques-Tiura et al. (2010) examined self-worth in relation to supportive responses following disclosure. Sochting, Fairbrother, and Koch (2004) explored attitudes regarding self-worth as risk factors for sexual assault. And Lim, Adams, and Lilly (2012) explored self-worth's role as a mediator between attachment and posttraumatic stress. In this study, six participants gave voice to extremely negative references to their feelings of self-worth following their assaults. For some, their negative feelings of self-worth intruded in their later lives when feeling accomplished or successful. Although survivors experience feelings of altered self-worth during and immediately following their assaults, it is evident that these feelings may be something that they must contend with years later.

Additionally, some identified feelings of specific loss such as innocence and the ability to trust others. Two participants who were virgins at the time of their assaults differentiated

between their virginity being lost versus taken. These participants referencing specifically what was lost through their traumatic event aligns with Duma et al.'s (2007) grounded theory concept of *reclaiming what was lost.* Duma et al. defines this concept as the assaulted person's "recognition and acknowledgment of the aspects of self which were lost through the event of sexual assault immediately thereafter, how the participant valued those lost aspects of her life, grieving for what was lost…" (2007, p. 15). This study briefly touched on those feelings of loss as experienced by the participants. The body of literature would benefit significantly from future studies exploring that concept more in-depth. Being better able to investigate those feelings of loss could potentially inform actions mediating the negative effects of sexual assault.

***Dealing with blame.*** There exists a plethora of scholarly articles on the issues of blame as experienced by sexual assault survivors in the literature. Self-blame has been studied as an exacerbating factor for other negative effects of sexual assault such as distress, depression, avoidance coping, and posttraumatic stress disorder (Frazier & Schauben, 1994; Najdowski & Ullman, 2009; Miller, et al., 2010; Ullman, et al., 2007; Koss & Figueredo, 2004). It has been deconstructed into two categories: behavioral self-blame and characterological self-blame and its association with beliefs in a just world (Janoff-Bulman, 1979; Fetchenhauer, et al., 2005). The presence of self-blame among the participants was evident in their interviews. Many considered themselves to be at fault for their rapes because of their own actions and characteristics. Findings of this study support Duma et al.'s (2007) theoretical concept of 'awakening' which allows the survivor to attribute meaning to the event. Self-blame is a characteristic of this concept guiding the recovery journey. Although presence of self-blame was measured at this one point in recovery, additional contact with the participants to evaluate their continued declaration of self-blame and measurement of current distress could lend weight to Koss and Figueredo's longitudinal study examining those measures. Friedman et al. (2010) found that

breast cancer survivors using spirituality to counteract self-blame and to promote self-forgiveness yielded better diagnosis adjustment. Further exploration of the role of spiritual beliefs and religious practices is warranted to determine if it would positively affect self-blame and promote self-forgiveness among the sexual assault population.

Along with self-blame, there exists victim-blaming. An abundance of articles exist in the literature pertaining to victim-blaming. Generally, such literature is couched in the context of rape myth adherence and drug facilitated sexual assault and how its presence exacerbates negative effects of sexual trauma (Butler, 2014; Bedard-Gilligan, et al., 2011; Brecklin & Ullman, 2010; Clinton-Sherrod, et al., 2011; Crawford, et al., 2008; Davis, et al., 2009; Franklin, 2011; Gidycz, et al., 2007; Kalmakis, 2011; Lindquist, et al., 2009b; Lawyer, et al., 2010; Novik, Howard, & Boekeloo, 2011). Many of the participants described occurrences of victim-blaming by members of their support systems. Quite notably, despite being a sexual assault survivor herself, one participant remarked upon the fault of other sexual assault victims by stating "I know a lot of teenagers bring it on themselves, and I know a lot of other people do too, drinking and carrying on, and getting too far gone to know what's happening." While this study did not explore victim-blaming in depth, it would be quite interesting and possibly contribute significantly to the literature to investigate the presence of victim-blaming of others by sexual assault survivors.

***Distrust of others.*** Distrust of others is affiliated with the previous related theme of feelings of loss. Several participants recounted that they lost their ability to trust others following their victimization. This distrust of others did not extend only to strangers but in the words of one survivor "I try to explain to my daughter there is monsters out there, you know, they're not under you bed, they're people sometimes that you know." Distrust of others as an effect of sexual trauma is minimally present in the literature outside of the context of posttraumatic

distress (Ranjbar & Speer, 2013; Murphy, et al., 2011; Tambling, 2012). Distrust of others is a component of Duma et al.'s 'reclaiming what was lost' (2007). This theoretical concept involves the survivor recognizing and acknowledging the aspects of self which were changed or lost as a result of sexual trauma. This concept also includes a component of grief over that which was lost. While the majority of the participants voiced this related theme, further exploration inquiring if all participants experience this could prove beneficial.

***Feelings of injustice and unfairness.*** Multiple participants conveyed their feelings of injustice and unfairness regarding their treatment by the medical profession, those in the judicial system, and even the perpetrators who escaped appropriate punishment. This desire to see justice done aligns with Duma et al.'s (2007) theoretical concept of 'readiness for closure'. Moreover, Duma et al. (2007) asserts that although a desire for justice exists and that most survivors arrive at this 'readiness for closure', this point in recovery may be forever elusive. In the literature, previous studies have examined survivor's belief in a just world as a mediating factor for post-assault adjustment. The greater the survivors believe that justice and punishment have been fairly distributed, the better their adjustment is to life after their assault (Fetchenhauer, et al., 2005). In this study, those survivors who voiced harboring a large amount of resentment, injustice, and unfairness, also seemed to be angrier than some of their counterparts. As previously stated, degree of anger correlates to PTSD severity (Armour, et al., 2014; Feeny, et al., 2000; Zoellner, et al., 2000). Findings of this study also supported findings in the Fetchenhauer et al. study (2005) which determined that the more survivors adhered to behavioral self-blame beliefs, the more they believed that justice could occur. This belief is rooted in the fact that the survivors believe their actions contributed to their assaults therefore the actions of their perpetrators should result in the just consequence of punishment. Several participants' comments aligned with behavioral self-blame beliefs rather than characterological self-blame

beliefs. For example, Victoria commented on choosing to stay at college after all the other students had left; Katie questioned if her actions or dress had attracted her rapists; and Lisa examined her right to be alone with her boyfriend as an 18-year old female. In all of these examples, the survivors attribute partial blame for their attacks on themselves because of decisions they made. Therefore, it is imperative that future studies examine the benefits of guiding survivors to examine their assaults through the paradigm of believing in a just world and to examine their behaviors in relation to their assault without attributing blame for the assault to their actions. As demonstrated in the literature, such studies would support findings that increasing belief in a just world and decreasing self-blame would increase the quality of post-assault adjustment and decrease anger which positively correlates with PTSD severity.

***Positive effects following the assault.*** The post-assault positive effects reported by the participants focused on increased personal strength and resiliency and a desire to help others. These positive effects are minimally represented in the literature examining sexual assault and are given the term ‘posttraumatic growth’ (Grubaugh & Resick, 2007; Kunst, 2010). Ahrens et al. (2010) examined posttraumatic growth as produced by religious coping following sexual assault. These positive effects are reflected in two of Duma et al.’s (2007) theoretical concepts of ‘pragmatic acceptance’ and ‘readiness for closure’. In ‘pragmatic acceptance’, the survivor tries to come to a point of acceptance. In the concept ‘readiness for closure’, the survivor attributes meaning to their recovery experiences. Victoria’s naming her experience “beauty from the ashes” and recounting how through her experience “thousands of children are better today” demonstrates both her acceptance of her assault and gives meaning to her experience. Nuppie declared “that memory, of my trauma, I can’t make that go away but I can make a difference in this world”. This statement also demonstrates both acceptance and meaning-making. This study was limited in exploring the positive effects following the assault as reported by the participants.

Additional studies examining these positive effects (posttraumatic growth) would prove beneficial to the body of literature by providing information of how to promote posttraumatic growth, its influence as a mediator on other post-assault effects, and its effect on the feelings of self-worth as expressed by the survivors.

In summary, the survivors' lives changed in multiple aspects and the manner in which many of those changes occurred was common among multiple survivors participating in this study. Also common among this participant population were methods of coping after their assaults. These coping methods were both positive and negative in nature and will be explored further in the following section.

**Coping afterwards.** Coping following sexual assault can be both positive and negative in nature. One negative type of coping found in the literature is avoidance coping (Patterson, et al., 2009; Ullman, et al., 2007). In Patterson et al.'s (2009) study, they examined survivors' use of avoidance coping for fear of formal social systems' inability to help them, judgment, and negative reactions. In Ullman et al.'s (2007) study, the researchers determined that the use of avoidance coping led to greater degrees of PTSD symptoms. Examining coping through a spiritual and religious lens, Samuel & Kannappan (2011) found that spirituality maintains better coping strategies and those with high levels of spirituality seek solutions to problems and enlist their social support systems for assistance. This constitutive pattern had five related themes, both positive and negative in nature. The following section examines them more closely.

***Avoiding revictimization.*** Avoiding revictimization can be either positive or negative dependent upon the actions taken. Several of this study's participants reported taking actions to make themselves unattractive, thinking that would prevent another assault. Actions to negatively affect one's appearance would also negatively affect one's self-worth. Therefore, this was considered a negative coping mechanism. However, one survivor reported avoiding drinking as

she was consuming alcohol on both occasions when she was sexually assaulted. As the literature has an abundance of information correlating alcohol use with increased risk of sexual victimization, this action would be considered positive to avoid revictimization (Bedard-Gilligan, et al., 2011; Beynon, et al., 2006; Clinton-Sherrod, et al., 2011; Crawford, et al., 2008; Davis, 2010; Gidycz, Loh, Lobo, Rich, Lynn, & Pashdag, 2007; Krebs, et al., 2009; Krebs, et al., 2009b; Lawyer, et al., 2010; McCauley, Ruggiero, Resnick, Conoscenti, & Kilpatrick, 2009; Novik, et al., 2011; Ross, Kurth-Kolars, Krahn, Lisansky Gomberg, Clark, & Niehaus, 2011; Ullman, Starzynski, Long, Mason, & Long, 2008)

***Labeling the event.*** The benefits of survivors' labeling their experiences as sexual assault is minimally represented in the current literature. Kelley and Gidycz (2015) examined labeling as it is related to coping and belief systems. Vereist et al. (2014) researched a war-related sexual assault population in the Congo regarding the effect that labeling the experience had on PTSD symptoms. Harned (2005) and Cleer and Lynn (2013) studied what factors promote and deter labeling for the survivors. Campbell et al. (2010) demonstrated the benefits for survivors who label their experiences as rape. This study revealed for five of the participants that labeling their experience as sexual assault assisted them with the after-effects of the experience. They reported that the act of labeling assisted them in qualifying the significance of the event, acknowledging what they lost as part of the experience, decreased the amount of self-blame they experienced, and propelled them along the recovery journey. The majority of the participants discussed the benefits of sharing their experiences with others. These benefits contributed to the healing process for the survivor emotionally, mentally, and socially.
This study provided new knowledge to the body of literature and signifies the need for further exploration of this subject.

***Fear of inflicting pain upon others with telling.*** While this study supported previous research demonstrating the benefits to the participants of labeling their experiences as sexual assaults, this study also provided new information about the need for the participants to share their experiences but their hesitancy to do so for fear of inflicting pain upon others with the telling. Other references to those who work with sexual assault victims and who suffer some degree of vicarious trauma because of it are present in the literature. Cole et al. (2014) examined researcher trauma, Ullman (2014) explored the experiences of therapists, and Wies and Coy (2013) investigated vicarious trauma among sexual assault nurse examiners (SANEs). There are no studies examining the pain inflicted upon the family members and friends of sexual assault survivors when the survivors share their experiences with them. Therefore this study highlights a new area of needed sexual assault research.

***Substance abuse.*** As previously stated, sexual assault survivors have a 13-times higher incidence of alcohol abuse and 26-times higher rate of drug abuse than those who are not sexual assault survivors (RAINN, 2009). This study supported the occurrence of substance abuse as a coping mechanism as evidenced by two of the participants reporting the use of alcohol and drugs to cope with the after effects of sexual violence. The survivors found themselves in a world which had suddenly and inexplicably changed, their understanding of their world and their existence shattered. They may have felt out of control in this new world and turned to substances to help them regain a feeling of control.

***Suicidal ideation.*** Former research demonstrates the increased risk of suicidal behavior related to sexual violence survival (Ullman, 2004; Ullman & Najdowski, 2009). This study confirmed those findings in that two of the participants verbalized past suicide attempts. For this study’s population, that equates to 22% of the participants having a history of suicide attempt.

As the researcher did not explicitly explore the participants' suicide history, the number of participants with such history may be greater.

In summary, the coping methods performed and shared by the survivors participating in this study were both positive and negative in nature. The positive coping methods included components of avoiding revictimization and labeling the event. Negative coping methods includes some components of avoiding revictimization (e.g. making self-unattractive), hesitancy to share their experience for fear of inflicting pain upon those they tell, turning to substances to cope, and suicidal behavior. As the participants convey both positive and negative life changes and using both positive and negative coping methods after their assaults, other areas of influence were investigated. Therefore, exploration of the influence of spiritual beliefs and religious practices is presented in the following section.

**Finding strength through faith and a greater being.** Only one study exists in the literature examining change in religious perception following sexual assault. This study by Ben-Ezra et al. (2010) found that sexual assault survivors who turned away from their faith and beliefs and toward more secular beliefs in trying to deal with their assaults manifested a greater degree of psychiatric symptoms, including more severe degree of PTSD. Other studies have looked specifically at the role that religious coping has as a mediating factor for sexual violence survival. Results of these studies were mixed as two reported positive effects with religious coping (Ahrens, et al., 2010; Frazier, et al., 2004) and one reported negative effects with religious coping (Bryant-Davis, et al., 2011). This present study provided additional information on the consequences of religious coping for sexual assault survivors. It is in this portion of the present study that the participants divided into three groups based upon their degree of faith beliefs and adherence to religious organizations or practices. The first group was composed of those who report a very strong belief system in a greater being and a solid connection with a

religious organization. Members of the second group denied membership in a religious organization and either voiced a disbelief in a greater being or referred to a belief in spiritual systems, such as nature. Those in the third group questioned the omnipotence and omnipresence of a greater being. Use of Knapik et al.'s (2008) theoretical framework in examining this constitutive theme is helpful and informs this study.

To review, Knapik et al. (2008) conducted a grounded theory study examining sexual violence recovery among survivors who used their spirituality in their recovery journeys. Although excluded from the initial literature review for this study due to its inclusion of male participants and victims of child sexual abuse, this framework does lend some guidance in interpreting the influence of spiritual beliefs and religious beliefs upon the recovery of this study's participants. Knapik et al.'s (2008) theoretical framework consists of three dimensions: Spiritual Connection, Spiritual Journey, and Spiritual Transformation. Definitions of these dimensions used in the theoretical framework are presented in the following sections as they relate to and inform the analysis of each related theme.

***Presence and existence of a greater being.*** Those who referenced a greater being strongly relied on the strength and support of that greater being to assist them along the recovery journey. Believing in a greater being may attribute meaning to their existence. Two of the participants reported feeling the presence of this greater being during their actual assaults and figuratively hearing "his still small voice". They believed this voice provided direction to help survive the assaults as they occurred. This group of participants supports former research findings that religious coping positively affects recovery. In contrast, those participants who questioned the presence of a benevolent greater being demonstrates religious coping as a negative influence of recovery.

According to Knapik at al. (2008), the survivors' experiences support their use of a spiritual connection to help them during the assault and recovery period. Connection is defined as a connection or attempt to connect in a divine manner with another being, often God or a higher power (p. 340). This first dimension of the theoretical framework 'Being Delivered' is composed of four characteristics: communion, passion, perpetuity, and presence. Katie verbalized connecting with God through prayer, which is an action of communion. Victoria and Morgan who both sensed God "talking" to them during their assaults also detail the characteristic of communion within 'spiritual connection'. And Leora and Vetta both mentioned feeling his presence after their assaults. All of these participants referenced being sustained by a higher power during and after their assaults. According to Knapik et al. (2008), this is present within the second dimension of the theoretical framework, 'Being Delivered', known as 'spiritual journey'. Knapik et al. asserts that those who feel a significant spiritual connection with a higher being then begin a spiritual journey of recovery. "Being sustained" is one of three paths along the spiritual journey. The participants in this current study voicing God carrying them, being directed by God, and being watched over are all evident of their place along the spiritual journey occurring as part of their recovery journey from sexual assault.

***Beliefs.*** When examining how beliefs influence their recovery journeys, the participants relayed how their belief systems provided them strength, direction, and protection. Additionally, one participant stated that failure to recover from her assault and continue on with her life would be an affront to God. These findings strongly support the positive effect that religious coping may have on sexual assault survival. When using Knapik et al.'s theoretical framework "Being Delivered" to analyze this component of the survivors' experiences, it can again be associated with the 'being sustained' component of the "spiritual journey" dimension.

***Spirituality.*** One participant identified herself as more spiritual than religious and defined spirituality as "having a purpose". There is not enough information revealed in this current study to determine if someone who considers themselves more spiritual than religious can rely on their spiritual beliefs to mediate the effects of sexual violence. Additional exploration in this area is merited for future studies.

***Fearing judgment.*** Among those who expressed strong belief systems in a greater being and a strong affiliation with organized religion, they reported fears of confiding their sexual assaults to other members of those religious organizations. Many referenced the presence of hypocrisy and judgment within those organizations, preventing them from feeling open to disclosing their assaults to their fellow members. Therefore, one should consider the negative effects which might occur should knowledge of the assaults become public information. Therefore, additional investigation is merited to discover the full impact that behaviors by members of religious organizations may bear upon the recovery of sexual assault survivors.

***Interpreting assault through religious lens.*** In this study, the participants' interpreting their experiences through a religious lens proved to have both positive and negative effects on their recovery journeys. Based on her understanding of sex and marriage, Lisa reported trying to cement an on-going relationship with her attacker. This participant frequently used the word "confession" when approaching telling her family of her experience. Use of this strongly religious term suggests that the participant attributed a great deal of behavioral self-blame to her experience as "confession" refers to inappropriate or wrong actions. This is an obvious negative use of religion on interpreting her assault. However, Victoria used religion and its dogma of "sin" to defer the actions of the assault upon that of her attacker. Therefore, attributing the "sin" of the assault upon her attacker and relieving her of guilt and blame. Victoria was able to later differentiate sex in the context of consensual sexual intercourse from the sex occurring as part of

her sexual assault. Perhaps because of this separation, she denied having significant issues with sexual intercourse following her assault. The ability to use religious beliefs as qualifiers of her assault characteristics was a positive interpretation of her experience. This current study barely broached the use of religion as an interpretive lens of sexual assault and additional investigation is warranted.

***Beliefs and religion as a support during recovery.*** Once again, the participants being divided into three groups for consideration is especially important. Their membership to a particular group greatly demonstrates whether spiritual beliefs and religious practices fostered positive recovery elements. Those participants who belong in the first group and profess strong belief in a greater being and strong affiliation to a religious organization confirmed that their faith provided them with strength, direction, and guidance during the recovery process. This finding also correlates with Knapik et al.'s (2008) characteristics of communion and passion in the first dimension of "spiritual connection" and with "being sustained" a facet of the second dimension of "spiritual journey" as denoted in his theoretical framework. This study supported that reliance on spiritual beliefs and religious practices such as prayer positively contributes to their recovery journeys. Those participants belonging to the second group reported mixed results. Additional investigation into the role that spiritual beliefs and religious practices have on recovery for this type of sexual assault survivor is soundly needed as they may have more negative than positive effects. And the third group who denied associations with religious organizations and demonstrated mixed beliefs regarding spirituality and the presence of a higher being clearly stated that they would not find solace or help for recovery in those realms. Overall, this study convincingly established that an assessment of the sexual assault survivor's belief system should be performed to assist in identifying those factors which will positively influence their recovery journeys. If the survivor professes strong belief systems and adherence to

religious practices, then those working with that survivor should use those as tools to assist them along their recovery journey. For those survivors who deny such belief systems and religious organizational membership, those working with those survivors should in no way expect those elements to foster anything but negative responses and take care to avoid introducing them as any portion of the treatment regimen. This study suggests for those survivors who express mixed feelings regarding spiritual beliefs and religious practices, an open discussion should occur between the survivors and those assisting in their care to establish if and how much those elements will be used to foster strength, resiliency, and understanding during their recovery period.

When examining the survivors' responses to interpreting their sexual assault experiences through a religious lens, it is apparent that both positive and negative results occurred. For those who had strong belief systems and affiliations with religious organizations, their interpretation was mostly positive. For those who did not profess strong belief systems and affiliation with religious organizations, their interpretation was mostly negative. However, there were some mixed results within both of those groups as well as with the third group who questioned many of their belief systems. Overall, assessing for belief systems is necessary to determine whether this interpretation will be mainly positive or negative and for those who are working with sexual assault survivors to use a spiritual and religious lens to assist in interpreting their experiences. Throughout this study, the survivors conveyed their need to focus on mediators for their recovery. Their shared experience with promoting mediating factors is presented in the following section.

**Focusing on what helps.** Mediators for recovery as presented in the literature included some of the elements reported by the study participants to be useful. They included the use of religious coping (Ahrens et al., 2010; Bryant-Davis et al., 2011; Frazier, et al., 2004), telling of

the assault experience (Campbell et al., 2010), and perceptions of control (Frazier, 2003; Frazier et al., 2005; Frazier et al., 2010). In addition to these reported mediators, the participants in this current study also identified other actions fostering positive recovery. These actions included the ability to freely talk about their experiences, a feeling of kinship with other survivors, and participation in counseling.

***Counseling.*** The benefits of varied types of counseling are represented in the literature. One type includes the use of eye movement desensitization and reprocessing (EMDR) therapy for sexual violence (Posmontier, Dovydaitis, & Lipman, 2010). Fernandez (2011) provides an overview of the various types of counseling for sexual assault in the *Australian Medical Journal.* In this current study, counseling was noted to be positive for several of the participants, supporting findings in the literature. Morgan credited EMDR therapy for helping her to reach a state of complete recovery. Savannah reported a negative counseling experience and refuses to seek future counseling help. As many sexual assault survivors seek some form of counseling following their assaults, continued research in this area is expected to add to the literature.

***Distance and time.*** In the current body of literature, there are no studies explicitly examining the effects of distance and time on sexual assault recovery although these factors may be threaded throughout other studies. There are several longitudinal studies of sexual assault victims in the academic literature. Two of these studies examine the concept and impact of blame: Koss and Figueredo (2004) conducted a longitudinal study examining the evolution of blame and Frazier examined blame at four month points in a longitudinal study of 171 females (2003). Campbell et al. (2011) conducted a methodological review of longitudinal studies present in the literature and found most examined post-assault sequelae. Duma et al. (2007) examined sexual assault recovery for survivors six months post-assault. This study provides evidence that some survivors reported decreased post-assault symptoms with distance and time from the time

of the assault. This finding needs further exploration as it should not stand alone without other consideration of other recovery promoting factors.

**Talking is Healing**

***Talking, having someone to listen, and finding a kinship.*** As previously stated, this study's participants found it beneficial, even "healing", to be able to freely talk about their sexual assault experience. This benefit of telling was demonstrated in decreased after-effects of the rape and even in decreased PTSD symptoms. However, those that they felt most comfortable in confiding to (i.e. their family and friends) would often react negatively (e.g. crying, asking them to stop) as they shared their stories. Many of them equated others showing support as listening to them share. Findings from this current study support those of previous studies. Campbell et al.'s study (2010) of 92 adult female survivors demonstrated the value of a survivor being able to freely share her experience with others. Borja et al.'s study (2006) found informal social support resulted in positive outcomes and fewer PTSD symptoms, Bryant-Davis et al.'s study (2001) showing less depression and less PTSD symptoms were experienced by those who obtained good social support, and Frazier et al.'s study (2004) which further demonstrated positive life change following appropriate social support.

The participants also recalled the advantages experienced when they found other sexual assault survivors and formed a kinship with them. The majority of the participants responded positively to attending a support group of other survivors should one be available in the area as they conveyed they thought that would be beneficial to their recovery journeys. Ariel reported finding a support group of other survivors while away at an out-of-state university and recalled the gains she received from being a member of that group. Findings such as these are not explicitly found in the literature thus additional exploration of this mediator needs to occur.

As demonstrated, the impact of sexual assault affects survivors physically, emotionally, mentally, and socially. This impact is on-going as is the recovery for many survivors. To determine the amount of distress occurring at the time the participants were interviewed and to provide appropriate intervention if a crisis was occurring, the Impact of Event Scale-Revised was used. Details of this scale are provided in the following section.

**Impact of Event Scale-Revised**

As previously stated, the IES-R is a tool that is used to measure posttraumatic symptomatology. Throughout the academic literature, this tool has been used in multiple languages and in multiple populations. These populations include the elderly (Christianson & Marren, 2012; Hyer & Brown, 2008); motor vehicle accident survivors (Beck et al., 2008); survivors of war (Morina, Ehring, & Priebe, 2013); burn patients (Sveen, et al., 2010); earthquake victims (Wang et al., 2011); patients experiencing traumatic childbirth (Olde, et al., 2006); patients surviving a life-threatening cardiac event (Baumert et al., 2004); firefighters (Wagner, 2011); adolescents experiencing floods and mudslides (Chen et al., 2011); and flood victims (2013). The participants of this study all scored low on the IES-R scale except for two participants who scored 51 and 56. With a maximum possible score of 88 and no cut-off score for this tool, the higher the score, the more indicative of acute distress experienced by the participant completing the tool. One of these participants was already receiving counseling services and the other refused further treatment. This study provides the first time the IES-R is used to evaluated the severity of posttraumatic symptoms in a population of sexual assault survivors. Additionally, it was used to identify those participants who might be in an immediate crisis due to participating in this study. Further research using this tool during the immediate post-assault period would be beneficial in assisting those who treat sexual assault survivors with measuring severity of symptoms.

## Limitations

There exist several limitations for this study. Although appropriate for a phenomenological study, the participant pool of nine is relatively small when examining the subject area. However, saturation was achieved as there was no new information emerging from the latter interviews. Accessing a larger population would be beneficial in further investigating the lived experience of sexual assault survival. Additionally, this population is geographically centralized. All participants reside in the Upper Cumberland area of Middle Tennessee. This promotes the question of whether the lived experience of sexually assaulted females might differ if they reside in another area of the country. A more geographically diverse population would serve to further explore the influence of geographic location and culture and determine if their lived experience would differ from those who live in Tennessee. Additionally, all of the participants were recruited in the researcher's community. Furthermore, this study is limited because not all desired follow-up interviews were conducted due to lack of contact. The researcher wished to re-interview three of the participants to further explore their experiences but was unable to contact them despite multiple phone calls and voicemails left at their contact numbers.

## Recommendations

As clearly demonstrated, this study produced findings which supported previous studies in the literature, will incentivize future studies, and add new knowledge to the existing body of literature surrounding sexual assault research. Findings from this study supported the following areas of sexual assault research: absence of social support results in negative symptoms for the survivor; sexual assault often produces sleep disturbances and nightmares following the event; a great many survivors adhere to behavioral self-blame thereby affecting their belief in whether justice can occur; some survivors resort to avoiding activities associated with their attacks which

may be both positive and negative in nature; some survivors may also turn to substance use to cope with the after-effects of sexual violence; and sexual assault survivors need to be able to freely talk about their experiences as part of healing along their recovery journey.

This study identified multiple areas for additional exploration. These potential studies include investigating the meaning of recovery from sexual assault and isolating characteristics manifesting that recovery; studies to correlate the severity of attacks and PTSD severity; examining the presence of hypervigilance and its effect on the degree of symptom severity, sleep disturbances, and anxiety experienced by survivors; searching for spiritual well-being's effect on quality of sleep and degree of depression for rape victims; identifying factors for the concept of loss in order to mediate post-assault symptoms; the role of spiritual beliefs and religious practices on all facets of blame; the presence of victim-blaming between sexual violence survivors; the extent to which all sexual assault survivors experience distrust of others; the benefits, if any, of guiding survivors to examine their assault through the paradigm of believing in a just world; the concept and caveats of posttraumatic growth; the benefits of labeling their assaults for the victims; the effects of kinship among survivors; and to what degree, if any, does time and distance after the assault decrease symptoms. Additionally, the degree to which spiritual beliefs and religious practices mediate the effects of sexual assault, effects on the recovery journey produced by the behaviors of those in religious organization, and benefits of using religion as an interpretive lens for understanding the experience of sexual assault recovery are further areas of exploration introduced by the findings of this study. Furthermore, this study failed to fully examine anger over sexual assault in the context of participant's spiritual beliefs and religious practices. Some participants expressed anger at God over the assault occurring. Further exploration of this subject matter is warranted as it may render new knowledge about

mediating negative effects from sexual assault for those who may profess a strong faith background and may turn to religious coping actions.

Despite producing a plethora of future research trajectories, this study did contribute new knowledge to the existing body of sexual assault research. First, it provided new insights into how a sexual assault survivor may conceptualize maintaining control over her own body. Secondly, it supported the benefits of labeling the event as sexual assault for the survivor. Thirdly, it presented a previously undiscovered concept of vicarious trauma of a survivor's support system and the resultant hesitancy by the survivor to embark on the healing action of sharing her experience with others in order to avoid inflicting pain. And finally, it strongly demonstrated that assessment of a sexual assault survivor's belief systems is needed to best facilitate the incorporation of beneficial recovery mechanisms.

**Implications for Social Change**

While this study produces a significant amount of information for the research arena, it also provides substantial findings demonstrating implications for social change. As previously stated, sexual assault is a largely prevalent issue in our society and everyone most likely encounters a survivor of sexual violence every day. Therefore, it is imperative that we as a society change the way we approach and consider sexual assault victims.

These findings emphasize and encourage the need for spouses, family members, and supportive peers to be included in initial treatment and educational endeavors to provide presence and reassurance during the immediate and on-going post-assault periods for the survivors. If not already implemented, therapists and counselors should be especially cognizant of addressing relationship changes which most likely will occur and providing information on how best to negotiate those changes while preserving the quality of the relationship. This study further demonstrated the need and benefits for the survivor in sharing their experiences and the

need to do so without fear of inflicting pain upon those around them. Additional support groups being available and convenient for this population might assist in meeting that need. As only one of the participants reported full recovery with the other participants describing recovery as an ongoing process, all members of society, especially those who deal with sexual assault survivors in professional aspects, must recognize that surviving sexual assault is a life-long journey for most victims. Symptoms and effects of that survival may manifest itself at any time, requiring appropriate intervention and treatment, as well, as proper degrees of compassion and understanding.

Speaking specifically to the members of religious organizations, it is this researcher's hope that all consider the negative effects which often occur when encountering sexual assault survivors. It is long past the time when everyone recognizes that sexual assault survivors exist in a state needing acceptance, support, compassion, and love rather than judgment and blame. For true recovery, healing, and forgiveness to occur for the victim of sexual violence, such behavior must be modeled by those in the religious communities.

**Researcher's Context**

As previously stated, Heidegger asserted that researchers are not able to completely bracket out their own experience, pre-conceptions, and theoretical leanings when interpreting phenomenon. In fact, it is because investigators use their own experience that a richer interpretation of a lived experience is achieved, what Heidegger refers to as "pre-understandings". My rejection of bracketing and inclusion of context is essential to this study being aligned with the epistemological underpinnings of Heideggerian hermeneutics. Because of this lack of bracketing, it is imperative that the researcher's context be divulged in accordance with Heideggerian philosophy and to provide some context for interpretation of this study. I must acknowledge potentially influencing this study in several ways that may have affected

interpretation. The first category being that I am a Christian and hold strong beliefs and affiliation with the Christian religious community. As such, I may have inadvertently reacted to certain statements by the participants and chose to word questions during the interviews in a way that attributed weight to those who professed strong belief systems. Secondly, my ability as a novice phenomenological researcher may have swayed their responses and inhibited full exploration of some of the study's themes. Further, although I was extremely careful regarding both verbal and nonverbal responses to the information being provided, I cannot fully rule out the possibility that I allowed my own values and beliefs to present within the interviews and either persuade or dissuade further sharing of their experiences.

During the portion of the study in which the informed consent was explained and discussions occurred, I emphasized with the participants the intent and purpose of this study and appreciated their sincere and honest answers. I discussed my own philosophy that everyone has the right to their own bodies and to give permission for what occurs to it regardless of circumstances. I also informed the participants that how they view spiritual beliefs and religious practices was their personal right and that there was no "right or wrong answer." To facilitate openness, when I first introduced myself to the participants, I thanked them for trusting me with their story and assured them of their confidentiality. I was careful to monitor my own reactions during the interviews and to watch for nonverbal cues from the participants for inappropriate behavior or reactions on my part.

**Conclusions**

In conclusion, this study provided insight into what it means to live as a sexual assault survivor. The consensus of the participants is that recovery is a life-long, ongoing process; one which requires the continued support of those surrounding the survivor. Many of the participants demonstrated common responses to sexual assault such as triggers, hypervigilance, sleep

disturbances, depression, altered self-worth, effected relationships with feelings of isolation, and distrust of others. Some find themselves coping with their responses through substance abuse, trying to avoid revictimization, labeling the event, and suicidal ideation. Additionally, some participants found positive effects from surviving sexual assault to reside in increased personal strength and resiliency and the benefit of helping others with similar experiences.

Many of the findings of this study supported previous findings in the literature. Some findings were the result of only the beginnings of exploration in that context and demands additional investigation for further information and clarification. Areas warranting additional studies include the degree to which spiritual beliefs and religious practices mediate the effects of sexual assault, effects on the recovery journey produced by the behaviors of those in religious organization, and benefits of using religion as an interpretive lens for understanding the experience of sexual assault recovery. Areas requiring further exploration not provided by this study include examining anger in the context of spiritual beliefs and religious practices. Further research in this area may render new knowledge about mediating negative effects from sexual assault for those with robust affiliations to a faith community. New knowledge discovered by this study focused on how a sexual assault survivor may conceptualize maintaining control over her own body; supporting the benefits of labeling the event as sexual assault for the survivor; an undiscovered concept of vicarious trauma upon a survivor's support system and the resultant hesitancy by the survivor to embark on the healing action of sharing her experience with others in order to avoid inflicting pain; and demonstrating that assessment of a sexual assault survivor's belief systems is needed to best facilitate the incorporation of beneficial recovery mechanisms. Professional nursing implications include the need for health care providers to be cognizant of sexual assault recovery being a lifelong process which may affect invasive medical procedures long after the assault occurred. As such, nurses and other health care providers should take steps

to assess for presence of sexual assault in a patient's past and discuss its possible impact on current treatment and care.

While this study provided substantial information for the area of research, it also provided implications for social change. Due to its large prevalence in society, sexual assault may touch everyone's life is some way. Therefore, it is imperative that we as a society change the way we approach and consider sexual assault victims. For those who encounter sexual assault survivors in a professional context, we must appreciate that surviving sexual assault is a life-long journey for most victims. Symptoms and effects of that survival may manifest itself at any time, requiring appropriate intervention and treatment, as well, as proper degrees of compassion and understanding. For those in faith communities, it is past time for healing, forgiveness, acceptance, support, compassion, love, and avoidance of blame to be modeled for those who are surviving sexual trauma and violence.

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APPENDICES

APPENDIX A

Recruitment Flyer

“1 in 6 women in America will be a victim of sexual assault.”

--- RAINN.org

***Are you an adult female sexual assault survivor willing to share your experience to inform others?***

A nursing student in East Tennessee State University College of Nursing’s PhD program is conducting a research study exploring the recovery process of sexual assault survivors. The purpose of the study is to identify factors promoting the recovery process of sexual assault survivors. The information from this study is intended to be used to educate other members of the health care profession. Research will be conducted in the Upper Cumberland area. Involvement in the study will be limited to 1-3 short interviews conducted in this area. Confidentiality will be strictly maintained throughout the study and distribution of findings. Participants will receive a nominal amount to assist with transportation costs. There will be no medications or medical treatments involved in the study.

If you are an adult female who experienced sexual assault and are willing to share your experiences so that health care providers better understand your recovery process, please contact Ann Hellman at 931-***-****.

**Sexual Assault Resear**
**Ann Hellman**
**931-***-****

**Sexual Assault Resear**
**Ann Hellman**
**931-***-****

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**Ann Hellman**
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**Sexual Assault Resear**
**Ann Hellman**
**931-***-****

# APPENDIX B

## Grand Tour Question

(In phenomenological research, the researcher will follow the essences of the participants' responses. Therefore, this document begins with some grand tour (general) questions and the other questions will be used to probe the participants' responses further.)

Grand Tour Question

1. Would you please describe in as much detail as possible the period of time following your sexual assault?

Probing Questions based upon participants' responses

2. How did you find yourself responding to the assault?
3. Please describe your feelings, fears, actions, etc. following the assault.
4. How long ago did your assault take place?
5. How did the assault affect your everyday life?
6. Are there things, people, or places that remind you of the assault? How do you view these things now?
7. Would you please tell me about people, things, or actions which you felt helped you during the recovery process?
8. How did each of these help you recover?
9. At what point did you feel that you reclaimed or gained control of your body or your life again?
10. Would you please elaborate on those persons, things, and actions which you identified which provided you the most support following your assault?

11. What is your definition of spiritual beliefs? Were there any spiritual beliefs that you felt promoted your recovery? Please describe in detail how these affected your recovery.
12. What is your definition of religious practices? Were there any religious practices that you felt promoted your recovery? Please describe in detail how these affected your recovery.
13. Would you please describe any long-term effects that you still experience from the assault?
14. If you chose to share your recovery experience with another sexual assault survivor, what would you share that helped you the most during your recovery?
15. What does the term "sexual assault victim" mean to you as compared with the term "sexual assault survivor"?
16. Describe how you see yourself now compared to the person you were before the assault.
17. Would you consider yourself to be fully recovered from the assault? What feelings and thoughts lead you to believe this?
18. What hopes and goals do you have for your future? How are these impacted by your experience of sexual assault survival?

## APPENDIX C

List of Area Counselors and Therapists

**Assessment Counseling & Training Services**

377 Short Street Cookeville, TN 38501

931-528-9399

**Athena Consulting and Psychological Services**

Serving the Carthage Area

615-320-1155

**Camelot Care Centers**

1633 W Main St  Lebanon, TN 37087

615-547-4994

**Chaney, H. David**

377 Short Street Cookeville, TN 38501

931-528-9399

**Christian Counseling Center**

377 Short Street #D Cookeville, TN 38501

931-520-3305

**Christian Counseling Center of Cumberland County**

348 Taylor Street Room   105 Crossville, TN 38555

931-707-8200

**Crossville Counseling Center**

1299 Genesis Road Crossville, TN 38555

931-456-8600

**Cumberland Counseling Services**

34 N. Jefferson Ave. Cookeville, TN 38501

931-528-2371

**Donalson, Carol J.**

348 Taylor Street Crossville, TN 38555

931-707-8200

**Eisenmenger, David**

509 N. Cedar Ave  Cookeville, TN 38501

931-520-8435

**Familycare Counseling Services**

1437 N. Washington Ave. Cookeville, TN 38501

931-372-9915

**Generations/Gaither's Group**

3100 Crisp Springs Road  McMinnville, TN 37110

931-815-1290

**Haven of Hope Counseling**

612 S. Congress Blvd Ste F  Smithville, TN 37166

615-597-4673

**Health Connect America Inc.**

2370 Quinland Lake Road   Cookeville, TN 38506

931-526-6042

**Life Care Family Services**

665 S. Jefferson Ave  Cookeville, TN 38501

931-528-0051

**Life Development Institute**

2125 Miller Ave   Crossville, TN 38555

931-456-2546

**Lovell, Mark**

509  N. Cedar Ave   Cookeville, TN 38501

931-520-8435

**Marsh Counseling Services**

155 E. Spring Street Ste C  Cookeville, TN 38501

931-526-5117

**Masters, Sheila**

509 N. Cedar Ave   Cookeville, TN 38501

931-520-8435

**Omni Visions**

879 W. Jackson St.  Cookeville, TN 38501

931-854-0710

**Palk, Mike**

377 Short Street   Cookeville, TN 38501

931-528-6167

**Paugh, Christopher**

509 N. Cedar Ave   Cookeville, TN 38501

931-520-8435

**Peery, Merle W.**

44 Hayes St  Crossville, TN 38555

931-456-9367

**Personal Growth Center Services**

509 N. Cedar Ave Cookeville, TN 38501

931-520-8435

**Plateau Mental Health Center**

1200 S. Willow Ave Cookeville, TN 38506

931-432-4123

**Smith, Patricia L.**

729 S. Jefferson Ave Cookeville, TN 38501

931-520-4889

**Upper Cumberland Psychological Associates**

100 W. 4th Street Ste 300 Cookeville, TN 38501

931-526-2722

**Weeks, Dennis EDS, LPC**

34 N. Jefferson Ave Ste B Cookeville, TN 38501

931-528-2371

APPENDIX D

East Tennessee State University
Informed Consent for Participants

**Study Name**: Forever changed, but never alone: A hermeneutic phenomenological study of the lived experience of adult female sexual assault survivors and the influence of spirituality and religious practices on their recovery
**Principal Investigator:** Ann N. Hellman PhD(c), MSN, RN
**Dissertation Chair:** Dr. Kathleen Rayman

PLEASE READ THIS DOCUMENT CAREFULLY. YOUR SIGNATURE IS REQUIRED FOR PARTICIPATION. YOU MUST BE AT LEAST 18 YEARS OF AGE TO GIVE YOUR CONSENT TO PARTICIPATE IN RESEARCH. IF YOU DESIRE A COPY OF THIS CONSENT FORM, YOU MAY REQUEST ONE AND WE WILL PROVIDE IT.

The policy of the East Tennessee State University is that all research participation is voluntary, and you have the right to withdraw at any time, without prejudice, should you object to the nature of the research. You are entitled to ask questions and to receive an explanation after your participation.

I am Ann Hellman. I am a Registered Nurse and a doctoral student at East Tennessee State University. I am doing some research which might help female survivors of sexual assault. In my research, I will talk to many female sexual assault survivors and invite them to share their stories of recovery following their sexual assault. Before you decide to participate in this study, there may be some words that you do not understand. Please ask me to stop as we go through the information and I will take time to explain. If have questions, please ask them of me.

It is possible that health care providers need further understanding of what happens during the recovery process from sexual assault. In this study, I will talk to adult female survivors of sexual assault about what helped you during your recovery process. If you do not wish to answer any of the questions during the interview, you may say so and we will move on. These discussions will occur in a single to a few interviews. We will meet in a private setting. You and I will be the only ones present during the interviews. Specifically, I will ask if spiritual beliefs and religious practices helped you during your recovery process. I will invite you to share your knowledge and experiences with me so I can use that information to inform what we, as health care providers, understand about recovery from sexual assault.

**Confidentiality**
Again, you can choose to participate or not. After beginning the study, you can choose to stop participating at any time. I know that it can be especially hard when choosing to talk about such a sensitive subject as your recovery process. I want to assure you that your participation will be kept confidential. Your interviews will be audio recorded for later transcription (written record). I will ask you to provide a pseudonym (false name) to use throughout your interviews and will store your informed consent forms separate from the interviews so that no one but me can match them. All information, recorded and transcripts, is confidential and no one else except members of the research team will have access to the information documented during your interviews.

The audiotapes will be destroyed after a period of 10 years. The interviews will take approximately 1-2 hours.

**Risks and Benefits**

There will be no immediate and direct benefit to you for your participation however there is some research supporting that the "telling" of your experiences may prove beneficial in the healing process. There are no anticipated risks from participating in this research. However, if you should become emotionally upset during the interviews from revisiting your experiences, a list of area counselors will be provided to you.

**Sharing of research findings**

At the end of the study, I am willing to share what I learned with you, the participant, and with other health care personnel. I will contact you and offer you a written report. I will also publish the research results in order that other interested people may learn from the research. It is my intention that other health care providers who encounter sexual assault survivors will deliver more sensitive and informed care following this research.

## Who to Contact

If you have any questions, you may ask them now or later, even after the study has started. If you wish to ask questions later, you may contact me by phone at ***-***-**** or at ahellman129@gmail.com.

This proposal has been reviewed and approved by East Tennessee State University IRB committee, which is a committee whose task it is to make sure that research participants are protected from harm.

## Certificate of Consent

I have been asked to give consent to participate in this research study which will involve completing one to several interviews.   I have been informed that there are no risks to participation.  I am aware that there may be no benefit to me and that I will not be compensated beyond a $10 gift card to help with my transportation expenses.  I have been provided with the name of the researcher who can be easily contacted using the number and email I was given for her.  I have read the previous information or it has been read to me.  I have had the opportunity to ask questions about it and any questions that I have asked have been answered to my satisfaction.  I voluntarily consent to participate in this study and understand that I have the right to withdraw from the study at any time.

Signature ______________________________________

Date ___________________________________________

APPENDIX E

The Impact of Event Scale- Revised

INSTRUCTIONS:
Below is a list of difficulties people sometimes have after stressful life events. Please read each item, and then indicate how distressing each difficulty has been for you DURING THE PAST SEVEN DAYS with respect to your sexual assault, which occurred on ______________. How much were you distressed or bothered by these difficulties?
Item Response Anchors are 0 = Not at all; 1 = A little bit; 2 = Moderately; 3 = Quite a bit; 4 = Extremely.
The Intrusion subscale is the MEAN item response of items 1, 2, 3, 6, 9, 14, 16, 20. Thus, scores can range from 0 through 4.
The Avoidance subscale is the MEAN item response of items 5, 7, 8, 11, 12, 13, 17, 22. Thus, scores can range from 0 through 4.
The Hyperarousal subscale is the MEAN item response of items 4, 10, 15, 18, 19, 21. Thus, scores can range from 0 through 4.

1. Any reminder brought back feelings about it. _____
2. I had trouble staying asleep. _____
3. Other things kept making me think about it. _____
4. I felt irritable and angry. _____
5. I avoided letting myself get upset when I thought about it or was reminded of it. _____
6. I thought about it when I didn’t mean to. _____
7. I felt as if it hadn’t happened or wasn’t real. _____
8. I stayed away from reminders of it. _____
9. Pictures about it popped into my mind. _____
10. I was jumpy and easily startled. _____
11. I tried not to think about it. _____
12. I was aware that I still had a lot of feelings about it, but I didn’t deal with them. _____
13. My feelings about it were kind of numb. _____
14. I found myself acting or feeling like I was back at that time. _____
15. I had trouble falling asleep. _____
16. I had waves of strong feelings about it. _____
17. I tried to remove it from my memory. _____
18. I had trouble concentrating. _____
19. Reminders of it caused me to have physical reactions, such as sweating, trouble breathing, nausea, or a pounding heart. _____
20. I had dreams about it. _____
21. I felt watchful and on-guard. _____
22. I tried not to talk about it. _____

Total IES-R score:_____________

Contact Information:
Daniel S. Weiss, Ph.D., Professor of Medical Psychology, Department of Psychiatry, University of California San Francisco, CA 94143-
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VITA

ANN N. HELLMAN

Education: PhD Nursing, East Tennessee State University, Johnson City, Tennessee, 2016
M.S. Nursing Education, University of Phoenix, Phoenix, Arizona 2007
B.S. Nursing, Tennessee Tech University, Cookeville, Tennessee, 1993

Teaching Experience: Tennessee Technological University
Assistant Professor, 2006-present

Professional Presentations, Publications, and Scholarship:

Hellman, A. & Clark, S. (2015). Using Neuman's Systems Model to Demonstrate the SANE Role in a Rural Community SART. *Abstract Index of the International Association of Forensic Nurses Annual Conference, Orlando, Florida, October 2015.*

Hanna, K., Hellman, A., Holden, K., Hurley, S., Smith, S., & Turpin, R. (2015). Prepping the Drivers of the Future: Enhancing practice Readiness through collaborative interventional learning simulation. *Abstract Index of the Professional Nurse Educators Group National Conference, Indianapolis, Indiana, October 2015.*

Hellman, A., Williams, W., & Hurley, S. (2015). Meeting spiritual needs: A study using the spiritual care competency scale. *Journal of Christian Nursing, 32(4),* 236-241.

Hellman, A. & Clark, S. (2014). The ABCs of caring for sexually assaulted patients. *Nursing Made Incredibly Easy, 12(4),* 32-39.

Hellman, A. (2014). Examining sexual assault survivor of adult females: responses, mediators, and current theory. *The Journal of Forensic Nursing, 10(3),* 175-184.

Hellman, A. (2014). Here for a time, here for a purpose. *The Journal of Christian Nursing, 31(3),* 196.

Poster Presentation: "Tin Man, you don't have to travel to OZ to find the heart in nursing!" Developing a High-Impact Spirituality in Nursing Course for a BSN Curriculum presented at 40th Annual National Professional Nurse Educators Conference October 2013

Poster Presentation: "Creative Arts Poster Title: Piecing together perspectives: Guiding students to express understanding of spirituality in nursing through textile arts using quilting"

42nd Biennial Convention Sigma Theta Tau International Nursing Honor Society November 2013

Published editorial (per request of editor) entitled "Are you considering your patient's spiritual needs?" published in Nursing Made Incredibly Easy November/December 2012

Published blog (per request of editor) entitled "The Forgotten Body System" published online At www.nursingmadeincrediblyeasy.com October 2012

Abstract accepted for Poster Presentation entitled "Building a concept focused curricula one course at a time" to be presented at "Implementing a Concept-Based Curriculum" presented by University of Kansas School of Nursing Medical Center Nursing Conference October 2012

Poster Presentation entitled "Capturing nursing students' community engagement and interest: Implementing C.A.P. projects prior to graduation" presented at Southern Nursing Research Society New Orleans, Louisiana February 2012

Poster Presentation entitled "Scholarship transformed: Boyer's Model in a Baccalaureate Nursing Program" to be presented at SoTL Regional Conference Statesboro, Georgia March 2012

Poster Presentation entitled "Rounding up Pre-Nursing Majors" for the International Nursing Association for Clinical Simulation conference San Antonio, Texas June 2012

Reeves, S. & H
0-25.

Duke University Center of Spirituality, Theology, and Health Research Workshop Durham, NC August 2011

Research and Research Grant: QEP grant: Disaster Point of Dispensing Exercise for Nursing Students, Dec. 2013, $2283.45

"Capturing the Students' Stories: Student Perspectives of Community Action and Participation (C.A.P.) Projects" - Faculty Research Grant Awarded, March 2011, $4900.00

Community Service: Board member for Genesis House, Inc. January 2015 – present

Board member for Center for Community Health Ministry September 2013 – present

Professional Organizations/Memberships:

Sigma Theta Tau International Nursing Honor Society: Office Counselor, 2007-Present

International Forensic Nurses Society, 2015-Present

Tennessee Public Health Organization, 2016-Present