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Halee Brown
From Entrenched to Empowered:
The Factors Promoting Resiliency
and Healing for LGBTQIA
Identified Adult Survivors of
Childhood Sexual Assault

ABSTRACT

The objective of this study was to examine the experiences of adults, who as a result of their incidents of childhood sexual abuse were predisposed to present with a variety of negative outcomes, in pursuit of identifiable interventions, practices, and supportive factors effective in mitigating the negative outcomes and promoting survivor resiliency. The bulk of the previous studies of the critical elements for survivor resiliency had been conducted in religious communities. Ensuring a sample composed of individuals with access to an identity-based community, noting that community and connectedness had frequently been considered significant, this study was limited to LGBTQIA identified survivors.

Using semi-structured interviews, self-selected survivors reflected on the experiences and supports that had “made it work”, and assisted in their achieving resilience. The study confirmed that each of the 11 respondents had achieved their individual sense of strength as a result of their individual and distinct journeys toward recovery, and all the experiences, practices, and people that had enabled them to get there. The study concluded that the most commonly effective factors included: hope, shifted perspectives, connection, control, achievement, self-expression, therapeutic intervention, closure, and self-concept. Due to the limited timeline, limited sample, and variance among respondents, this study suggests further research adjusting: evaluation and perspective, longevity, exposure consistency, variance across diverse populations, in order to provide helping professionals with more accurate and evidence-based effective practices to implement in their recovery work with survivors.

**FROM ENTRENCHED TO EMPOWERED:
THE FACTORS PROMOTING RESILIENCY AND HEALING FOR LGBTQIA
IDENTIFIED ADULT SURVIVORS OF CHILDHOOD SEXUAL ASSAULT**

A project based upon an independent investigation,
submitted in partial fulfillment of the requirements
for the degree of Master of Social Work.

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2016

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CHAPTER I

Introduction

As concluded in the literature concerning various types of trauma, experiencing or bearing witness to trauma, especially in early childhood, often has a negative impact on an individual's development. Specifically, much attention is paid in the literature to the long term negative consequences to women and others who have experienced the trauma of sexual assault (Browne and Finkelhor, 1986; Hillberg, Hamilton-Giachristis and Dixon, 2011; Mennen and Meadow, 1995; King, Tonge, Mullen, Myerson, Heyne ... & Ollendick, 2000). With attention in the literature focused on the negative effects of sexual trauma, there appears to be less research regarding aspects of sexual assault recovery, during and after which some [women] experience a sense of resilience and find freedom and growth in spite of the trauma. As noted by Valentine and Feinauer (1993), there is a need to expand our understanding about the nature and characteristics of resiliency in [women] during their recovery post-assault. While the existing research is limited, some studies have been conducted in the area of post sexual assault trauma resiliency. Several studies have identified that among factors that contribute to this resiliency, emotional support outside of the family is essential to survivors who experience resiliency around their trauma. In reviewing the literature, several studies about survivor resiliency have been conducted within religious communities. Results of these studies noted that spirituality was another common factor for resilient female survivors.

Although studies on resilience during the recovery process for childhood have begun, in reviewing sample descriptions across the studies, it is evident that most subjects are female. It also appears that samples do not include subjects from the Lesbian, Gay, Bisexual, Transgender,

Queer, Intersex, Asexual, + (LBGTQIA) community. More research is indicated about what contributes to LBGTQIA identified individuals achieving resiliency. This study aims to contribute to our understanding of factors related to their recovery as described by survivors with Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual, + (LBGTQIA+) identities, and within the LBGTQIA community. This qualitative, interview-based study aims to learn about resiliency during and after recovery from sexual assault from LBGTQIA survivors telling their stories about what helped them following the traumatic event that led to their ongoing recovery and strength. What I wanted to learn more about is what contributes to positive post trauma experiences.

According to Erikson (1968), adverse child experiences such as childhood sexual abuse may frustrate normal development. For a survivor of childhood sexual abuse, these events may minimize hope for positive and thorough development. However, research also shows that there can be influences that help avoid major and permanent damage for some survivors. I was interested in learning more about what contributes to a stable adult experience in which the survivor somehow overcomes the odds, gaining resiliency during the recovery period. Thus, to guide my study, the overarching research question asks: what experiences and supports appear to help survivors of childhood sexual assault achieve resiliency? By specifically analyzing the experiences and healing processes of CSA survivors, I had the opportunity to gain insight into this experience. For this study, resiliency will be defined as the process of adapting well in the face of trauma, threats, or significant sources of stress, and to “bounce back” from experiences of adversity (APA).

Though, as noted by Briere and other authors, lacking a clear sense of identity (Briere, 1996; Browne and Finkelhor, 1986; Courtois, 1988; Gelinas, 1983; Hellmich, 1995); negative

sexual experiences and feelings about sexuality in adulthood (Browne and Finkelhor, 1986; Colangelo and Keefe-Cooperman, 2012; Courtois, 1988; Gelinas, 1983; Hall, 2008), as well as more episodes of dissociation are experiences often associated with some survivors, others seem to have escaped these after-effects.

The purpose of this study was to identify factors and supports that promote and facilitate resilience among LGBTQIA identified adults, who have experienced childhood sexual assault. This study aimed to examine the experience of LGBTQIA identified survivors, who have, from their own perspective, been able to “bounce back” and overcome adversity. The research conducted for this study focused on identifying patterns of the factors that promote healing and recovery, according to authentic survivor narratives, and to provide a sense of hope and approaches to recovery for other survivors, and the mental health professionals working with them.

CHAPTER II

Literature Review

What is Childhood Sexual Abuse?

Childhood Sexual Abuse (CSA) is a form of child abuse that involves sexual activity with a minor. A child cannot legally consent to any form of sexual activity; when a perpetrator engages with a child this way, they are committing a crime that can have lasting effects on the victim for years. Child sexual abuse does not need to include physical contact between a perpetrator and a child. Some forms of child sexual abuse include: Obscene phone calls, text messages, or digital interaction; fondling; exhibitionism, or exposing oneself to a minor; masturbation in the presence of a minor or forcing the minor to masturbate; intercourse; sex of any kind with a minor, including vaginal, oral, or anal; producing, owning, or sharing pornographic images or movies of children; sex trafficking; or any other sexual conduct that is harmful to a child's mental, emotional, or physical welfare. A child is defined as an individual under 18 years of age. It is significant to note that more men experience CSA between 13 and 16, whereas women have more experiences before 13; this complicates the understanding of CSA and what age classifies an individual as a "child" (Hopper, 2015; Walker, Hernandez, and Davey, 2012). Males have been reported to experience sexual abuse at a rate of 1 in 6 by the age of 16 (Browne and Finkelhor, 1986; Hopper, 2015) compared to the female reported rate of 1 in 3 (Hopper, 2015). Despite these statistics, however, this type of abuse can happen at any age and be perpetrated by anyone. In fact, a majority of perpetrators are individuals that the child or family knows (Browne and Finkelhor, 1986; Hopper, 2015; RAINN).

Each study of childhood sexual abuse varies in its definition of CSA, and often analyzes different variables, making it difficult to declare any effects or survivor outcomes as intrinsically linked to CSA, or to predict the future experience of a child who has suffered from CSA. These studies not only vary their samples by the gender of the survivor and the age at the time of abuse, but the time elapsed since the abuse, the type of abuse, the frequency of abuse, the treatment(s) attempted, family responses, and other logistical factors. Browne and Finkelhor (1986) report that in situations of incest, the post-traumatic effects may be more severe and more long-lasting, however, studies also indicate that the younger the [survivor] at the time of abuse and the closer bond they had with the perpetrator, the memory is more likely to be lost, bearing no [conscious] effect on the survivor (Hopper, 2015; Loftus, Garry, and Feldman, 1994). Hopper (2015) also makes note of the inconsistent responses to “gate questions”, revealing that many survivors do not classify their experience as Sexual Abuse, even though the event would most often be interpreted this way. There also exists a belief that CSA must be perpetrated by an adult, and not another child, despite the fact that these child-to-child experiences can have similar long-term effects (Hopper, 2015). Due to the variability of these studies, the lost memories, and the otherwise-identified accounts, the recorded rates are likely underestimated. As theorists continue to study and record the effects of Childhood Sexual Abuse (CSA), a pattern emerges of various negative outcomes and increased risks for survivors.

Post-Trauma Experiences and Outcomes

Childhood Sexual Assault (CSA) is only one of many categories of trauma, but focusing on one type of trauma allows for deeper exploration of the phenomenon of post-traumatic experience and its impact on individual development. Results in previous studies suggest that there is an association between having a history of CSA and having more negative sexual

experiences and/or negative feelings about sexuality and self-image in adulthood (Finkelhor and Browne, 1985; Hall, 2008; Meston, 2000; Wenninger and Heiman, 1998). The Traumagenic Dynamics Model of Child Sexual Abuse (TDMCSA) proposes 4 dynamics to describe variety of symptoms associated with sexual abuse: traumatic sexualization, betrayal, stigmatization, and powerlessness. The likelihood for these dynamics explains how child survivors' cognitive, emotional, and social functioning can be affected (Finkelhor and Browne, 1985). Stigmatization is what most clearly encompasses the tendencies toward self-blame and negative self-regard (Feiring, Taska, and Lewis, 1998). Shame is the central emotional process and self-blaming attributional style is the central cognitive process defining stigmatization, insinuating that more shame for the abuse and self-blaming attributional style should be related to more psychological distress (Feiring, Taska, and Lewis, 1996; Lewis, 1992).

According to the Trauma Symptom Inventory, survivors of sexual abuse in therapy score higher rates of anxious arousal, intrusive experience, and defensive avoidance (Briere, 1995, as cited in Briere, 1996). As noted by Feiring et al. (1998), poorer adjustment has been associated with more severe levels of sexual activity, the use of force, and paternal incest (Browne and Finkelhor, 1986; Kendall-Tackett, Williams, and Finkelhor, 1993); survivors of these "more severe" traumatic experiences are equally likely to experience other negative outcomes at higher rates and with more severity. Ruth Pat-Horenczyk and her colleagues present the ways that traumas experienced by children often impact not only their individual development, but the systems that support and protect them as well (Masten, 2001; Pat-Horenczyk, Brom, and Vogel, 2014).

Survivors of CSA have widely presented with lower self-esteem, less sense-of-self, and have higher rates of depression, anxiety, social withdrawal, and thought disorders (Briere, 1996;

Colangelo et al., 2012; Hall, 2008; McElheran, Briscoe-Smith, Khaylis, Westrup, Hayward, and Gore-Felton, 2012; Phillips and Daniluk, 2004; Walker, Hernandez, and Davey, 2012). In addition to these adverse effects, survivors are also at higher risk for: future incidents of abuse and assault, difficulty developing interpersonal relationships, promiscuous sexual behaviors, academic and cognitive difficulties, and delinquent or aggressive behaviors (Colangelo et al., 2012; Hall, 2008; McElheran et al., 2012; Walker et al., 2012).

Studies point to evidence that a history of Childhood Sexual Abuse (CSA) increases the likelihood of engaging in risky sexual behaviors including: multiple sexual partners, sexual addiction, earlier consensual sexual activity, teenage pregnancy, and unprotected intercourse (Colangelo et al., 2012; Hall, 2008; McElheran et al., 2012; Walker et al., 2012). As presented in the literature, female adolescents with a history of childhood sexual assault have reported having three times more sexual partners than their non-abused counterparts (Colangelo et al., 2012), increasing the likelihood of contracting sexually transmitted infections or becoming pregnant. Colangelo and Keefe-Cooperman (2012) also cite evidence indicating a correlation between CSA and increased percentages of abortions as well as engagement in anal sex. Men with histories of CSA have been found to display similar outcomes and risks to their female counterparts, but are more likely to engage in [more] compulsive and aggressive behaviors (Hall, 2008).

Many CSA survivors lack a clear sense of identity (Briere, 1996; Browne and Finkelhor, 1986; Courtois, 1988; Gelinis, 1983; Hellmich, 1995). The inability to access a sense of control over their own body increases dissociative symptoms and a failure to have an integrated sense of self (Shrier, Shih, Hacker, and de Moor, 2007). Evidence reveals survivors of CSA to have more episodes of dissociation. During an episode of abuse, mentally dissociating may serve / may have

served as an adaptive function, which can lead to such tendencies in adulthood or in a post-abuse environment (Briere, 1996; Hellmich, 1995). This practice of dissociating may interfere with adaptive functioning or the ability to develop new interpersonal connections that are not abusive (Hellmich, 1995). In some instances, CSA may have more subtle effects on a survivor, such as their views on sexuality (Browne and Finkelhor, 1986; Colangelo et al., 2012; Hall, 2008; Hellmich, 1995; McCann, Pearlman, Sakheim, and Abramson, 1988), their preference in partner, or their preference in sexual activity (Hall, 2008).

It is common to have difficulty developing healthy connections in the shadow of CSA; the early trauma is likely to lead to a sense of inferiority, mistrust, shame, guilt, confusion, and isolation (McElheran et al., 2012; Walker et al., 2012). An additional risk of this response is the existence of a drive to use intimacy and sex as a method of coping with or repairing feelings of depression, stress, or anger (Shrier et al., 2007). This tendency not only minimizes the emotional satisfaction provided by the intimate connections that a survivor is engaging in, but increases the likelihood of engaging in risk-taking, leading to more negative outcomes. In a situation of CSA, the victim is inappropriately valued and rewarded for sexual behaviors, resulting in pain and confusion regarding sexuality and the place of sexuality within one's identity. This confusion may lead to a failure to integrate sexuality into one's broad identity structure (Hellmich, 1995).

The experience of CSA can have lasting effects on an individual's sense of self, and sense of control over their own body. This loss of self interferes with an individual's ability to embrace their sexuality in healthy or adaptive ways or to participate in healthy loving relationships (Browne and Finkelhor, 1986; McElheran et al., 2012; Shrier, et al., 2007; Walker et al., 2012). Survivor tendencies to have high levels of avoidance, intrusive experiences, and anxiety contributed to the development of the sex therapy model; sex therapy aims to replace

anxiety with arousal in response to sexual stimulation (Hall, 2008). With a goal of eliciting a “normal response”, a survivor may perceive themselves as flawed, damaged, or abnormal, increasing levels of anxiety (Hall, 2008). The sex therapy model of easing a survivor towards arousal in a progression from non-sexual to more overt stimulations can also be retraumatizing and ineffective (Hall, 2008). The sexual difficulties experienced by survivors of CSA are often in achieving pleasure or satisfaction, not in physical capability (Colangelo et al., 2012; Hall, 2008; Hills, Kamsner, and McCabe, 2000; Phillips et al., 2004; Tremblay and Turcotte, 2005). Hall’s (2008) research discusses the “new view” of sex therapy models, wherein it is understood that not all who have experienced CSA were traumatized by it.

While it is often difficult for survivors of CSA to develop trusting or functioning interpersonal relationships, it is not inevitable. Contrary to clinical impressions, a history of childhood sexual abuse does not necessarily negatively impact survivors in a way that impedes the opportunity for a “healthy, normal course of identity formation” (Hellmich, 1995, p.125). By embarking on pathways towards healing, a survivor may still develop a sense of self, hold a strong identity, and engage with others in a healthy and normalized way (Hellmich, 1995).

Resilience, Recovery, and Post-Traumatic Growth

The possibility of positive outcomes is most accessible to survivors who have undergone a process of healing and often, those who have achieved a sense of resilience. But what is resilience, and what is the healing process of a survivor of Childhood Sexual Assault? Grotberg (2003) writes in the first page of her book *Resilience for Today* that “resilience is the human capacity to deal with, overcome, learn from, or even be transformed by the inevitable adversities of life”. Behaviorally speaking, this is how resilience tends to be conceptualized. The Oxford English dictionary defines resilience as the “ability of a substance or object to spring back into

shape; elasticity” and “the capacity to recover quickly from difficulties; toughness”. The Merriam Webster dictionary defines resilience as the “capability of a strained body to recover its size and shape after deformation caused especially by compressive stress” and “an ability to recover from or adjust easily to misfortune or change”.

There are common interventions offered to survivors, aiming towards common goals and the hopes of mitigating the even more common negative outcomes. “Blanket” interventions are those universally offered to all individuals exposed to a traumatic event; these approaches were developed on the basis of the assumption that intervention can both alleviate acute psychological symptoms and prevent development of chronic psychological problems such as PTSD (Bryant and Nickerson, 2014). According to Bryant and Nickerson (2014), among the various interventions, Critical Incident Stress Debriefing (CISD) has been the most widely used post-traumatic intervention. CISD involves a facilitator normalizing the experiences of the survivor(s) within several days following traumatic exposure, and the survivors discuss psychological, cognitive, and emotional reactions to the trauma. Arguably, this experience promotes emotional processing which facilitates adaptation (Mitchell, 1983). Initially to be implemented in groups, CISD has been applied to individuals to promote adaptation and healing. Evidence supporting the success of this intervention is anecdotal and no positive reports translate into improved mental health outcomes (Guay, Billette, and Marchand, 2006). Feeny and Zoellner (2014) write that for those not naturally recovering for months and years, particular psychotherapies (CBT) and pharmacotherapies (SSRIs) can (and have been found to) reduce psychological difficulties and improve an individual’s overall quality of life (NIHCE 2005; IoM 2007; USDDDDVA 2003).

Grotberg (2003) explains that being resilient does not mean that a person doesn’t experience difficulty or distress. Emotional pain and distress are common in people who have

suffered major adversity or trauma in their lives - the road to resilience is likely to involve considerable emotional distress. It is not a trait that people either have or don't - it involves behaviors, thoughts, and actions that can be learned and developed in anyone (p.234). Resilience doesn't reflect a lack of reaction or impairment, but rather, the idea of rebounding with modifiers like "quickly" and "easily"; resiliency implies nothing more than recovery or a return to a previous state (Feeny and Zoellner, 2014, p.6). This begs the question: *is "resilience" more than "recovery"?* Recovery, unlike resilience, in many instances implies a moderate-to-severe initial reaction followed by a return to psychological health and functioning; resilience implies little or no initial reaction and no real change in psychological health or functioning (Bonnano, 2004; Feeny and Zoellner, 2014). Posttraumatic growth, contrastingly, refers to a shift toward more optimal functioning as a result of a traumatic event (Calhoun and Tedeschi, 2006; Feeny and Zoellner, 2014).

Posttraumatic growth may refer to positive changes in functioning and personal meaning for the individual (Feeny and Zoellner, 2014; Janoff-Bulman, 2004). Within the context of recovery from CSA, where identity development is so often stunted, by developing a set of sexual preferences and a sense of self or identity, the survivor demonstrates post-traumatic growth. McElheran and her colleagues (2012) explore the opportunities for post-traumatic growth (PTG) among survivors of CSA. PTG is conceptualized in five stages: personal strength, exploring new life possibilities, forming meaningful interpersonal relationship, gaining appreciation for life, and developing spirituality (Calhoun and Tedeschi, 2006; McElheran et al., 2012). By working through any (or all) of these stages, a survivor of CSA develops a more cohesive sense of self. Since the older model of sex therapy could trigger a survivor or traumatize them further, other modes of promoting growth and development of preferences

become necessary (Feiring et al., 1998). Resilience becomes active when adversity is experienced and needs to be dealt with. The sequence of responding to adversity is to prepare for, live through, and learn from. Many adversities, however, come unexpectedly, without preparation time (Grotberg, 2003). Some people are resilient in one situation and not in another. Usually this difference is because there are situations that are more familiar or less-threatening, and others that are dramatically different where they feel a loss of control over what is happening, and they may feel less resilient (Grotberg, 2003). Grotberg (2003) notes that everyone can achieve resiliency- the challenge is finding ways to promote it. The next section addresses factors that have been correlated with resiliency in survivors, and other positive post-event outcomes.

Factors of Resiliency

Resilience looks different for everyone, and comes easier for some than others, based on their experiences and supports prior to and after the event, the implementation of (or lack of) post-traumatic interventions, and the intersectional identity of the survivor, including their age and the stage of their development. Promoting resilience is made easier in any age group with building blocks of growth and development (Erikson, 1985). Many of these blocks are not well developed in adults, who need to revisit the developmental stages to see what is missing in their ability to deal with adversity (Grotberg, 2003). These building blocks, as identified by Erikson (1985), are trust, autonomy, initiative, industry, identity, intimacy, generativity, and integrity, which may be more or less relevant at different stages of growth and development. According to Grotberg (2003), many youth and adults have not been able to develop trust, which is considered to be the first factor.

While trust is largely important in achieving a sense of resilience, and is commonly mentioned by experts on the topic as a factor, other researchers have discovered various other factors that promote resilience. In a survivor-based study conducted by Valentine and Feinauer in 1993, 22 female survivor participants who were pre-disposed for negative outcomes were recognized as capable of having interpersonal relationships, stable careers, and healthy personalities. The interviews conducted with these participants led to the researchers' discovery that the most significant themes in promoting resiliency included the ability to find emotional support outside the family, positive self-regard (or the ability to think well of oneself), spirituality, external attribution of blame and cognitive style, and an inner-directed locus of control (Valentine and Feinauer, 1993). Further research by Feinauer and Stuart (n.d) highlights the concept that there is often lower symptomatology for victims who have come to blame perpetrator rather than self-blame. It is mandatory to consider the potential therapeutic impact of telling a traumatized child that the abuse was not their fault (Feinauer and Stuart, n.d; Lamb, 1986). On the other hand, while not relieving the perpetrator of responsibility, it is important to note that relieving a child of having had *any* responsibility can prove harmful, due to the fact that this mindset confers a victim status, and can leave a survivor with diminished feelings of liability or authority, which can impede the recovery process. This counterpoint is further supported by the idea that powerlessness, learned helplessness, and a sense of entrapment interfere with recovery (Finkelhor and Browne, 1985). Increased survivor feelings of control often result in lower frequencies of negative effects, and aids in recovery (Feinauer and Stuart, n.d).

Although it is suspected that experiences and supports prior to the event may impact an individual's ability or inability to heal, it has not proven to be a predictor of resiliency or PTSD. Analyses published by Brewin, Andrews, and Valentine (2000) and Ozer, Best, Lipsey, and Wise

(2003), examined prior trauma, adjustment, history of psychopathology, family history of psychopathology, female gender, low socioeconomic status, lack of education, abuse, or adverse childhood experience (ACE), and revealed minimal variance in predicting the development of PTSD in meta-analyses of natural recovery factors. Alternately, trauma related factors and post-trauma factors carried significant variance predicting who will or will not develop long-term psychopathology, including: severity, perceived life threat, peritraumatic emotions or dissociation, perceived support, lack of social support, and life stress (Feeny and Zoellner, 2014). Considering that the majority of the factors promoting or impeding survivor resiliency are present following the traumatic event, there continues to be significant variety among survivors. Kim Anderson and Catherine Hiersteiner (2008) present what they have discovered to be three critical elements that rang true for their study of survivors who had achieved resilience: disclosing the abuse, making meaning of one's trauma, and developing supportive relationships. Meaning-making often allows survivors to work through the event and their own feelings of shame or guilt, as well as holding the perpetrator responsible, and removing self-blame (Anderson and Hiersteiner, 2008; Feinauer and Stuart, n.d). Finding a way to rationalize what took place or to understand what happened, and more specifically how or why it happened, is often a crucial element, as it helps to calm the constant sense of fear or danger. Bryant and Nickerson (2014) explore the concept that unsurprisingly, survivors who continue to experience threat to their safety show elevated PTS reactions. Those who establish a perception of safety are less likely to develop PTSD than those who don't. Stevan Hobfoll and his colleagues (2007) reflect this in their outlining of principles enhancing recovery and resilience in the acute phase after trauma, where the first principle mentioned is the promotion of a sense of safety. The remaining four principles evidenced to enhance resiliency by their research are the promotion of:

calming, a perception of self-efficacy, connectedness, and hope (Bryant and Nickerson, 2014; Hobfoll, Watson, Bell, Bryant, Brymer, Feeny and Zoellner, 2014; Friedman et al., 2007).

Multiple studies found that survivors' belief that they have agency in influencing future outcomes can impact an individual's adjustment, or self-efficacy (Benight, Cieslak, Molton, and Johnson, 2008; Benight and Harper, 2002; Bryant and Nickerson, 2014; Feeny and Zoellner, 2014).

While holding onto a sense of hope is incredibly significant in motivating individuals and promoting positive thought, it takes many survivors a long time before they are able to find any hope within themselves (Erikson, 1985; Hobfoll et al., 2007; Feeny and Zoellner, 2014; Grotberg, 2003). The only way that some survivors are able to access hope, is by having hope about other things, or other people, or even for other people to hold onto hope for them. The element of connectedness may be the most significant factor impacting resilience and healing (Anderson and Hiersteiner, 2008; Bryant and Nickerson, 2014; Feeny and Zoellner, 2014; Hobfoll et al., 2007), as it is more immediately accessible to most survivors, and there are various forms of connectedness that promote strength and healing in the post-traumatic process. The concept of meaning-making, for example, allows a survivor to connect the pieces in order to understand what they lived through, as well as what it may symbolize or what it may affect, moving forward. This school of thought offers purpose and reason to survivors, and can allow them to feel connected to themselves and their future, rather than living as a dissociative victim. Connectedness refers to meaning-making, a sense of presence or being connected with one's own self, having resources and supports, community, and interpersonal relationships.

Various types of relationships can be supports or factors in promoting resiliency, whereas survivors who feel isolated and alone are often prone to more negative outcomes (Pratchett and

Yehuda, 2014). Being part of a community is often a significant determinant of more positive outcomes (Bryant and Nickerson, 2014; Feeny and Zoellner, 2014; Grotberg, 2003; Hobfoll et al., 2007; Pratchett and Yehuda, 2014; Valentine and Feinauer, 1993). The experience of being part of something larger has been seen as grounding, healing, and strengthening. Similarly, spirituality and religion can have a strengthening effect on survivor outcomes by connecting them with something “larger”; Valentine and Feinauer (1993) outline a study they conducted, and referenced several previous studies (Feinauer 1989 ; Gagnon 1965; Tsai, Feldman-Summers, Edgar 1979), where the study participants had been religious.

Many studies regarding survivor resilience indicate various factors, both external and internal, but a majority of these findings are limited, or single-sided, showing only one arena for strengthening or healing factors. Grotberg (2003), brought a new perspective to the table, and was able to conceptualize supports in a more complete yet simplified way, with the model of “I HAVE, I AM, I CAN”. In this model, the external supports were in the category of “I have”, such as: persons within and outside of the family who can provide love and/or trust, people encouraging independence, positive role models, access to community-based services, access to community, and personal limits (Bryant and Nickerson, 2014; Feeny and Zoellner, 2014; Grotberg, 2003). The internal supports were categorized as “I am”, such as: having plans for the future, aiming for achievement, responsible for self (and able to accept consequence), and various personality traits including amiable, calm, empathic, confident, optimistic, and hopeful (Grotberg, 2003). This categorical model identifies existing supports, and identifies positive personal attributes -- which survivors often lack the ability to identify. Survival focused children may not only feel insecure with others, and specifically with caregivers, but also with their own core self - specifically with internal emotion states (Greene, Grasso, and Ford, 2014); in a

negative [internal] emotional state, survivors struggle to find themselves innocent, likeable, worthy, or capable, let alone hopeful (Bryant and Nickerson, 2014; Colangelo et al., 2012; Greene et al., 2014; Grotberg, 2003; Valentine and Feinauer, 1993). Moving beyond external supports and internal strengths, Grotberg's (2003) model delves into a revolutionary third category of personal power, in his conceptualization of "I can" - or the interpersonal and problem-solving skills. The ability to generate new ideas, approach things in new ways, commit to tasks until completion, find humor, express and communicate with others about thoughts and feelings, solve problems in various contexts or settings, self-manage impulses and emotional experiences, and to reach out for help, were all listed as skills in the "I can" category (Grotberg, 2003). What this model highlights, is the importance of survivor recognition of themselves, their strengths, and what they can influence or achieve. By identifying things that they can impact, or that they have the power to actualize, survivors who engage in this mode of thinking fight against the potential to feel powerless, out of control, without agency, stuck, or hopeless (Bryant and Nickerson, 2014; McElheran et al., 2012; Shrier et al., 2007; Walker et al., 2012).

For many survivors, recognizing that they possess positive aspects to themselves, and that they are not entirely powerless, is an experience that allows them to self-motivate, implement different interventions, look to the supports they have in place (or to seek out supports, if they don't have safe supports in place already), and to find hope that their lives can improve, providing the possibility of choice and satisfaction. By considering the "I can", a survivor may recognize their own resources and needs, and move beyond the "freeze" phase of post-traumatic response towards their own resilience promoting factors.

Discrepancies in the Literature

While many studies have proven relatively consistent in identifying support factors for survivors, and conceptualize resilience as an ideal post-CSA experience in contrast to the common negative outcomes, there are several inconsistencies, and even contradictory experiences, that appear in the literature, and are important to consider, as each experience is individual, and resilience may not always be the ideal, or even an achievable outcome. The largest inconsistency, within the literature on survivor resilience, is that the field has been fragmented by the fact that researchers have yet to agree upon a singular way of defining and assessing resiliency (Lam and Grossman, 1997; Liem, James, O'Toole, and Boudewyn, 1997; Marriott, Hamilton-Giachristis, and Harrop, 2014). Resilience can be considered as a presence of self-esteem, a lack of depressive symptoms and diagnoses, having interpersonal competence, emotional numbing, lack of relapse, sexual function, lack of violence, avoidance of risk behaviors, or positive adaptation (Brown, 2010; Jager and Carolan, 2009; Kia-Keating, Sorsoli, and Grossman, 2010; Liem et al., 1997; Marriott et al., 2014).

Not only is resilience defined inconsistently, but there seems to be an internal dialectic in the term resilience; some focus on the side expressing triumph of overcoming tragedy, while some focus on the devastation caused by it (Richman, 2014; Valent, 1998). According to Valent (1998), “resilience is not a dichotomous trait, but exists on a continuum”. When considering the dichotomous understanding of resilience, one must also acknowledge the other realities of resiliency. Protective factors can be considered as aspects of current adaptation, so rather than reflecting historical resources, they may be another measure of functioning (Lam and Grossman, 1997). Circumstance and context, though rarely considered, is another aspect impacting the measurement of this phenomenon: “high levels of anxiety and depression may not always be

observable, and vulnerabilities may come to light only under certain specific circumstances” (Richman, 2014). Resilience, in the modern age, is increasingly uncommon, as society has bred individuals less and less capable of withstanding adversity or disappointment, let alone traumatic experience (Gray, 2015; Seghal, 2015). Research conducted among college students has reported a decline in resilience among young adults.

According to Dr. Peter Gray (2015), there has been “an increase in diagnosable mental health problems” and “a decrease in the ability of young people to manage the everyday bumps in the road of life”. He explores the changes in academia, due to students’ choices to bring their emotional struggles to their professors, and experiences of crisis resulting from the sense of “failure” or catastrophe brought about by grades below the “A” level. Not only has this change interfered with the academic mission of many Universities, but by marking this behavior as acceptable, the “emotional and personal development of students” has been thwarted (Gray, 2015; Seghal, 2015). Gray (2015) notes that young people lack the experience of having to “find their own way out, to experience failure and realize they can survive it ... so now ... young people ... going to college still unable or unwilling to take responsibility for themselves”. With this change, there is an increase in students seeking counseling or other assistance and support for everyday problems (Gray, 2015; Seghal, 2015). New York Times writer Parul Seghal (2015), writes that this phenomenon results in the reframing of resilience; that “it’s not just the strength to stay the course but to question it and propose others, not just to survive but to thrive”. Seghal (2015) not only mentions resilience as having been reframed, but also captures a mentality, asking “why rise from the ashes without asking why you had to burn?”; the explanation, or sacrifice that breeds resilience connects to another less common perspective. In some contexts, resilience, while widely regarded as the ideal outcome, can be detrimental; some scholars argue

that the consistent glorification of resilience overlooks the suffering implicated within it (Brown, 2010; Richman, 2014).

The concept of resilience regularly conceals the considerable price that must be paid by a well-functioning person in order to achieve adjustment and positive outcomes (Richman, 2014). Richman (2014) asks “at what sacrifice” a survivor of trauma is enabled to cope, if they are dissociative, or forced to deny aspects of themselves. Numbing behaviors can take the edge off vulnerability, pain, and discomfort, in the same way that addiction can minimize feelings - while most persons consciously or unconsciously engage in numbing, emotions are unable to be numbed selectively (Brown, 2010). Brene Brown (2010) notes that in numbing negative emotions, positive emotions are consequently numbed too; withstanding negative emotion or negative experience may demonstrate a sense of resilience, but may not be a positive experience for the survivor, if they are shut down, dissociative, numbing, or sacrificing in some way (Brown, 2010; Richman, 2014).

Looking beyond the value of resilience, and the various ways it is conceptualized, discrepancies in the literature stem from other elements, such as societal expectations of “the norm”, the scope or context of the studies conducted, and the biases of researchers and reporters. Several studies involved court-based or records-based recruitment, potentially resulting in a sample of more serious outcomes (Marriott et al., 2014). Regarding participant samples and responses, several factors may skew the accuracy or consistency of study results. In most studies, a percentage of the sample did not complete the entire survey or choose to respond to all of the questions (Lam and Grossman, 1997). Depending on the sample, societal pressures may also impact participant responses; Kia-Keating and her colleagues (2010) note that sexually abused males, for example, not only contend with the burden of negotiating a traumatic past, but the

pressure of masculine norms, socialization, and restriction on emotional expression and vulnerability. Another discrepancy, naturally, stems from the lack of diversity in the majority of completed research; individuals of diverse backgrounds are not captured by this snapshot, and the data published following these previously conducted studies are not applicable to their life circumstances. In some cases, individuals are unlikely to see incidents as abusive, if the perpetrator was female, or known to the survivor, further skewing the sample, to exclude particular narratives (Marriott et al., 2014). In the study examined by Liem and colleagues (1997), the authors note that the subjects in the “resilient abused” category, were less likely than the “nonresilient” subjects to have sought help through psychotherapy as results, despite the fact that several publications support the idea that therapy is a resilience-promoting factor (Feeny and Zoellner, 2014; Feiring et al., 1998; Hall, 2008). Specifically concerning the benefit of therapy, some adult survivors specifically report negative experiences of therapy, following CSA, though this is less frequently presented (Allnock, Hynes, and Archibald, 2015).

Sophia Richman (2014) captures the predominant sense of discordance in her book: “the survivor is both damaged and resilient, at different times, in different ways, and in different situations ... There are times and circumstances that trigger a state of mind that can be characterized as despairing and hopeless - where there is a felt loss of empathic connection, a sense of abandonment, and the dread of retraumatization. But there are other times as well, times when the zest for living prevails”. Due to the nature of humanity, and the complexity of individual experience, each person is affected differently by their diverse set of experiences, and though some narratives prevail as predominant in the literature, there will always be discrepancies, as these experiences are human, and individual.

Implications for Further Study

In reviewing the literature, a multitude of previously conducted studies point to different identities, qualifying factors, domains, methods, and perspectives that could further expand the field of research, if they were to be included in future study. The lack of consensus among researchers in defining resilience brings with it a need for a universal understanding of the concept, as well as the measurement of both psychological and social domains, and assessments from multiple perspectives, such as self-report in conjunction with behavioral observations from caregivers and therapists, which would not only sanction the definition and measurement of resilience, but triangulate the data in a way that accounts for memory bias (Allnock et al., 2015; Lam and Grossman, 1997).

Whereas in some cases, study participants may have been recruited at the point of referral for therapy, a number of resilient youth have never been referred for therapy. These studies, not dissimilar from other studies that could be expanded by altering recruitment methods, could gain more desirable samples by recruiting participants from all cases reported to protective services (Spaccarelli and Kim, 1995). Another implication stemming from referral-recruitment studies is to have more longitudinal studies. Resilience is subject to change over time, and an individual who is either classified, or self-identifies as resilient, may not be equally resilient at another point in time. Marriott and her colleagues (2014) note the dynamic nature of resilience, and query if “a clinical level of psychological distress at one point in an individual’s life means that they are not “resilient” if this state is only transitory and/or they function well in every other domain”.

Another area that demands more research is in distinguishing risk factors and protective factors from supports and interventions, specifically, therapy, education, and the impact of family. While large family size has been found to be a risk factor, sibling relationships have been

speculated to increase survivor odds of having support, shifting the focus of attention away from themselves, and increasing responsibilities promoting competence and self-esteem; this contrariety implicates the need for more investigation on the potentially protective role of siblings and family role in coping with the trauma of CSA (Liem et al., 1997). The role of family, among other interpersonal connections, still demands more in-depth study, especially research that may represent the wider population, and account for diversity, highlighting the experiences of participants of different social classes, ethnic groups, races, and sexual orientations (Allnock et al., 2015; Kia-Keating et al., 2010).

While many studies touch on the negative effects of CSA on personal identity development, academic and professional achievements, and ability to develop intimate or generally trusting interpersonal relationships, positive outcomes have not been analyzed to the same extent. There are, however, individuals who emerge from experiences of CSA with a sexual identity embedded in consent, strength, and positivity. This study will focus on adult survivors of CSA who identify as having a strong sense of sexual identity, or a positive relationship with sex and sexuality, and their narratives of healing, recovery, and the journey towards resiliency. Due to the fact that a number of previous studies were conducted in religious communities, this study aims to parallel the research by grounding itself in an identity group that offers community. By studying the LGBTQIA population, this study will also extend to include experiences of all gender identities, not only adding to the volumes of research that focus on the experiences of women, but challenging traditional understandings of gender, gendered violence, and gendered recovery processes.

CHAPTER III

Methodology

This qualitative study is an exploration of the following question: *What factors promote resiliency and healing for LGBTQIA identified adult survivors of Childhood Sexual Assault?*

The purposes of the study are to provide a counter-argument to the overwhelming discourse surrounding childhood sexual assault, wherein all survivor outcomes are negative. Furthermore, it can offer an approach to treatment for mental health professionals engaging with survivors of CSA, by identifying certain supports and resources that have helped survivors manage in the face of adverse experience and achieve resiliency and healing.

A qualitative study aims to give voice to the participants and include individual experience in the data, and offers flexibility in its structure. The use of qualitative methods was carefully selected for this study to offer participants the opportunity to share the narratives of their own experience and to allow a discussion that doesn't feel overly structured or limiting. Due to the fact that CSA is a touchy subject, the qualitative method steers clear from asking the participant detail oriented questions, and allows for the individual to select what parts of their narrative they wish to disclose. Given the sensitivity of this topic, a qualitative interview also provides a more supportive setting than a depersonalized survey. By asking a few questions that reflect the recovery experience, the participants will be able to share information about their healing, stories about the various supports they had in place and found, and the ways that different factors impacted their process and achievement of resiliency, and their ability to function in the face of adverse experience, and endless research that dictates a myriad of negative outcomes for them.

Subject Selection / Sample

The study sample includes 11 participants; eligible participants had to be LGBTQIA identified individuals with a history of CSA (event prior to the age of 15) who are now adults (age 18+) and self-identify as having gone through some healing and having achieved a sense of recovery / resilience in spite of this trauma. Eligible participants also identified as having positive adult sexual experience, and maintaining a positive attitude towards sexuality, or having a concrete sexual identity. This study excluded individuals who are currently in active treatment for ongoing issues related to their childhood sexual trauma, or individuals who know the researcher. The study required that participants not only be United States residents of adult age, be LGBTQIA identified, and have a sense of resiliency, but that they consented to participating in the study, as well as to being audio recorded for transcription purposes to facilitate reporting and data analysis.

Recruitment occurred through advertisements at LGBTQIA- oriented resource centers and online community forums. See Appendix A: Call for Participants. Beyond the trauma-supporting gender and sexuality-oriented agencies that I advertised with, social media and snowball sampling also contributed to the collection of study participants. The human subjects involved in this study were protected by the standards of a Human Subjects Review (HSR) Board. The researcher received oversight and permissions from the Smith College School for Social Work HSR committee, with a revised and approved application, outlining the intentions, limitations, and privacy practices that would be implemented as a means to protect all human participants. To view the approved HSR application, see Appendix B: HSR Application and Appendix C: HSR Letter of Approval. Within the approved HSR, there was an informed consent document, which was distributed to each participant, wherein the definitions of terminology used

in the interviews and the study were laid out, along with requirements for participant eligibility, intentions behind the study, and the opportunity to consent to or refuse participation as well as being audio recorded. See Appendix B (HSR) – Attachment C: Informed Consent Form.

Participants self-selected to be part of the study by contacting the researcher. Interested participants contacted me (the researcher), stating their interest in participating. Each participant was not only aware that the study had been approved by the Smith College School for Social Work HSR committee, but was also provided with a copy of the informed consent which they were required to sign, prior to participating in a study-related interview. Participants were asked to contact the researcher if they had questions or concerns, prior to signing the document.

Participants were asked to provide the researcher with their geographic location at the time that they sent the signed consent form. After signing and returning the informed consent document to the researcher, participants were able to schedule interviews in person or by phone. Once an interview was scheduled, each participant was provided with a list of resources in their local area, as well as the interview guide. The selection of participants was not random, because each subject needed to meet the eligibility criteria, and the recruitment advertisements were primarily posted in LGBTQIA and/or survivor focused agencies. By recruiting at these agencies, the individuals encountering the advertisement are more likely to be comfortable talking about their journey and to have achieved a certain level of resiliency, as they are engaged in the community. Furthermore, by using snowball sampling, the selection of participants became even less randomized.

Confidentiality

Each self-selected participant emailed the researcher to state their intention to participate, following which, they received a consent document, outlining the process and promise of confidentiality. This informed consent document allowed participants to indicate if they consented to being audio recorded, and provided them with some resources for support. See Appendix B (HSR) – Attachment C: Informed Consent Form. Participants were informed that their responses would be documented both with written notes, as well as an audio recording of the interview. All transcriptions will be completed by the researcher, so as to preserve confidentiality and participant privacy. All research materials including recordings, transcriptions, analyses and consent/assent documents are stored safely in a secure location for three years according to federal regulations; all electronically stored data has been password protected and will remain protected during the storage period, at the end of which, it will be destroyed. By storing names and identifying information separately from the data, confidentiality was assured to all participants. Each participant was assigned a pseudonym for tracking purposes, and all data remains confidential and accessible only by the researcher.

Data Collection

Study participants were sampled individually in a qualitative conversational interview. The interviews were audio recorded as the participant shared anecdotes of their journey and identified various factors that promoted their ability to “bounce back”. Due to the narrative format of the interviews, there was no universal set of questions, but an interview guide of questions that prompted participants to stay on track or to share certain aspects of their experience can be found in Appendix B (HSR)- Attachment B: Interview Guide. After the initial HSR Application was approved, there was a request submitted to modify the Interview Guide;

the requested changes can be viewed in Appendix D: Protocol Change Request Form, and the approval of these changes can be viewed in Appendix E: Protocol Change Letter of Approval. Each interview began with the interviewer reminding the human subject that they had consented to being audio recorded, for the purposes of transcription and data analysis, and a reminder that they had no obligation to respond to any question they did not wish to respond to. The researcher began by asking each participant to share their demographics, or various identities, in their own words. After collecting this information, participants were offered the opportunity to share their own narrative, or to participate in a conversation that followed a more traditional interview format, using the questions from the HSR-approved interview guide, which they had already received by email. The researcher audio recorded each interview, and also took notes. The participants were able to direct the trajectory of their interviews by sharing their own narratives and choosing if they wanted guiding questions or not. The researcher occasionally would ask clarifying questions, based on information provided in participant responses. Each interview concluded after the participant had been offered an opportunity to add anything they felt had not been addressed, and an appreciation for both their strength and willingness to share their story.

Data Analysis

Data was analyzed by transcribing and coding the responses of each interview, or study participant. The researcher created a series of tables for each demographic category, each pre-identified factor/support, and each question from the interview guide, in order to compile study and participant responses, and to compare the data collected. The narrative and conversational dialogue from each interview was transcribed and analyzed for themes. The experiences and supports that came up in multiple interviews, have been identified, for the purpose of this study, as more common factors that support survivors and promote resiliency.

As the study was limited to a small number of participants, many of these participants shared experiences and factors that had contributed to their own sense of resiliency, but had not been present in the responses of other participants. These survivor-identified factors were also charted and are presented in the findings chapter, and considered for their thematic similarities in the discussion chapter.

CHAPTER IV

Findings

This chapter documents the findings from eleven semi-structured interviews with self-identified resilient adult survivors of childhood sexual abuse (CSA), with a strong sense of their own sexual identity, or a positive perspective on sex and sexuality. These interviews were conversational in nature, as part of a qualitative exploration of personal experience, with the guidance of an interview guide. All participants were over the age of 18, and self-disclosed that they had experienced CSA prior to the age of 15. All participants consented to being interviewed and had been provided with the interview guide as well as local resources, prior to the interview. Each interview touched on different factors, due to the narrative and qualitative nature of the study, however, all interviews involved participants identifying supports and experiences that had promoted their strength, healing, and resiliency. While there are various definitions of resilience that participants operationalize in conceptualizing themselves as resilient, aspects of resiliency according to the literature reviewed for this study were considered, and measured against participant experience, in order to facilitate interview responses.

The interviews consisted of four sections: 1) collection of demographic data about the participant, 2) conversation and participant narratives, survivor definitions of resilience, and responses elicited by the interview guide, including the identification of various support factors, 3) evaluation of the presence of previously studied and published factors, and 4) addition of missing comments, factors, and perspectives, that the participant felt had not been addressed and believed should be included, as well as messages the participant wished were available to other survivors and helping professionals. Questions from the first section were predominantly closed-

ended questions, yielding mostly quantitative data regarding participant demographics. The majority of the interview was therefore qualitative. The quantitative data is presented first, and includes the demographics of the study participants, as well as some of their caregiver system, and community involvement – two factors that have been identified as having links to survivor recovery and healing.

Demographic Data of Study Participants

At the time that they were interviewed, three participants were the age of 25 or younger, six were between the ages of 25 and 30, and two were over the age of 30. Each participant had a unique story, and referred to an event that had happened at a different time in their childhood. Of the eleven survivors interviewed, seven spoke about experiences that had occurred for no longer than a year, and four spoke about experiences lasting for a span of years; Most common in the responses, were experiences that had taken place between the ages of 6 and 10, though one participant had experienced abuse beginning at age two, and three participants had experienced abuse between the ages of 12 and 14.

Of the eleven survivors interviewed, five individuals identified as female, two identified as male, and five participants self-identified as a gender non-conforming identity (transgender, transgender genderfluid, genderqueer, genderqueer femme, and two-spirit). With regard to sexual orientation or sexual identity, four participants self-identified as straight, and seven self-identified with a non-heterosexual identity: four identified as queer, one identified as lesbian, one identified as pansexual, and one identified as asexual. Of the participants who self-identified as male, one shared that he was a male of trans experience, and the other shared that “on the Kinsey scale, I’d put myself somewhere in the 2 range. I’m kinda realizing I’m maybe not entirely as straight as I previously thought. I still will identify as such, but yeah”. A majority of the

respondents, even those who identified as straight, self-identified with the LGBTQIA acronym in some way, and the two who did not identify strongly as allies.

Participants were also asked to self-describe their racial or ethnic identities. Of the eleven participants, one participant identified as Multiracial and Indigenous, nine self-identified as either White or Caucasian, and two included their identity of being American- one of whom also added that they were Dutch Italian. While five of the participants identified themselves as religiously affiliated with Judaism, four identified as ethnically Jewish. Religiously, two participants identified as Atheist- one of whom named that he was “Atheist with a Jewish context”. Two participants self-identified as altogether non-religious. The remaining participants’ self-identified religious identities were less common among the respondents: one secular Humanist, one Quaker, and one Witch. Despite the participants’ self-defined identities, some participants’ experience was also influenced by prior identities they had held - religious affiliation in particular. While one participant, who had been raised secular, now lives as an Orthodox Jew, one participant had been raised Lutheran and now identifies as an Atheist, and one participant was raised fundamentalist Baptist and now identifies as a secular humanist.

I was raised very fundamentalist Baptist. My family still is. When I was 13 or 14 I started questioning and thought that I was atheist, and then I went back and tried to believe in god for a couple more years, and then when I was in high school I finally accepted the fact that I did not believe in god. My sexual orientation - I had a sexual experience with a female friend when I was 12, and I was kind of open then to the idea that I might not be straight. So I thought I was bisexual, and then as I- I kinda did the same thing as I did with religion, where I was kinda like “I don’t want to deal with this and the rejection from my family” so I tried to be straight for a couple more years, and then I kinda let

myself recognize and feel the fact that I was bisexual at least. And then I didn't figure out I was pansexual until about 2 years ago, when I figured out that was a thing I could be.

Shifts in identity were rather common among respondents, especially in sexual orientation; several of the survivors interviewed shared the timeline of their fluctuating sexual identities as they had new experiences, and often, as they learned about new terminology.

Moving was another aspect of change that participants reported on; a majority of the respondents had moved in their childhood, and three of them moved a lot in their early childhood. Four respondents moved once, between the ages of 6 and 10, and one respondent moved at the age of 14. Three participants had never moved during their childhood or adolescence, and one participant had moved schools following her trauma. Family systems and community participation also included shifts for the respondents, however, these components not only reflected change, but commonly served the survivors as a source of support. Three of the participants referenced having babysitters or nannies that functioned as additional caregivers, but all of the participants spoke about their parents. Two participants had a mother and father who had divorced, one when they were age 11, and one who was age 9, and was subsequently raised by their step-father. A majority of the respondents (eight) were raised by a mother and father, who are still together. Two respondents spoke in detail, and identified the impact that inadequate parenting had on their experience:

My dad was at work 14-16 hours a day, and we never saw him until he got home and he was usually the one going out in discipline. My mom had atypical depression with psychotic features, so she was not in a position to care for us, and that's kinda like- all I had.

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My parents worked and were neglectful; I was raised by a nanny. It was a pretty abusive household, even without the sexual abuse. My father was an alcoholic and mentally ill. When your primary caregivers are constantly letting you down or abusing you, it's hard to trust strangers, if the people who are *supposed* to be there for you can't do that and don't give you that sense of security. So I was like "fuck other people, if I can't trust my family". And I was a huge tester of people, like- I'm gonna piss you off and see if you stay, and I had to- or I felt like I had to.

Most participants spoke about communities that they had joined later in their development, as they came to identify in new ways, or were exposed to new experiences, and several of these communities were renamed as support factors in the narrative portion of the interviews. Aligning with participant identities, five respondents mentioned participation in a religious community (four in the Jewish community, and one in the Witch community), and eight respondents mentioned participation in an LGBTQIA community (five in the Queer community, one in the Femme community, and two in the Trans community). Another common response among participants was involvement in the mental health community, which was named by seven of the respondents. Less common responses included involvement in the Native community, the theater community, the punk scene, the local or living community, the activist community, and the military community.

Participant Narratives

In the second segment of each interview, respondents were given the opportunity to share their own narrative of "what made it work" for them. In some cases, respondents spoke freely, but more commonly, the researcher asked questions from the interview guide to elicit responses that reflected survivor experiences, supports, and their individual healing processes. A frequent

reflection was that survivors had not considered their experience to be sexual assault, for many years: “I had never considered it sexual assault because it was a child sexually assaulting me, y’know?”; “It happened with my brother, and he’s younger than me, and I had this understanding in my head of, it’s not possible for him to have abused me, because he’s younger, so therefore, I must have abused him”. Survivors not only didn’t recognize their experiences as abuse or assault, but several also didn’t recognize the impact that it had had on them and their personal well-being.

I had had an awareness of it, um, but never an awareness of the- impact that it had. So I always thought “oh, yeah, it happened, no big deal. I’m not affected by it”. And I never really told anyone about it? Other than when I was in middle school and would say to like, kids my age, like y’know, girlfriends or whatever, like “oh, well I was sexually assaulted, and it didn’t do anything to me”. Y’know, like kinda, “what’s the big deal?”

In many cases, the participants shared that they had explicitly felt that it was their fault: “I had to forgive myself, because I had been stuck in kind of this “I didn’t know this was bad and this was a really bad thing, so I must be bad”; “I remember always thinking “if this were wrong, someone would do something about it” and I liked it, so I would always go and purposely sit on his lap”; “I think I probably held on to thinking that it was my fault until last year”; “The religion I was raised in, it was kind of a big shame thing for me. I internalized it as my own fault. Saying sexual abuse is abuse, I’d say “that’s true for everybody except me, because I’m bad” I justified it, because I thought I deserved it”. Although the interviews focused on the positive factors that allowed each individual to achieve a sense of resiliency, it was common that respondents also shared negative aspects of their journey and experience - the negative messages they received, as well as their own sense of doubt, internalized shame, blame, and guilt. “I knew that there was

something that had happened to me, like I had these like very fragmented memories, and I felt a lot of shame about them”.

While several respondents reflected experiences of their internalized shame and guilt, another common experience was that the caregivers of the survivor felt a sense of shame, or blamed their child for the incident, exacerbating the survivors internalized experience of “badness”. An especially unique narrative involved a family responding to the survivor’s disclosure with their own disclosures

My mom decided to open up to me about her rape in the past. And that was weird? There was like a- after my family started to know... So after it came out, Easter Sunday, my grandmother pulled me aside and was like “I want to talk to you” and I was like “*okay*” and she was like “your mom told me about what happened to you when you were a kid, I just wanted to let you know that when I was a kid, I had an uncle...” and then she was like “oh god- it wasn’t anything as bad as what happened to you! Nothing like that, but he fondled”. I remember I was like “there’s not like- a hierarchy of what’s bad. You don’t get to decide that just because I went through something that you think is worse”. She was just like “but anyway, I’ve never told anybody. Ever”. And I was like “Holy fuck- that’s fucking 70 years” and she was like “so don’t tell anyone else” and so that was a really heavy weight on me? And it still is. Because I still haven’t told anybody in the family, obviously. And then another time, my mom and I were talking about abortion, which she doesn’t support, and she called me privately and said “I’ve never told anybody this- the only people who know are your grandparents, your aunt, and your uncle, but when I was 15 I was date raped by this guy and I got pregnant, and I hid it until I couldn’t hide it anymore, and then your grandparents had to take me out of state to get an

abortion” and I was like “oh my god”. She was like “I’ve never told your father” and he says lots of really anti-abortion things all the time, and I was like “you should really tell him that” and she’s like “no I can’t” and so I’m also holding *that* and sometimes I just wonder what would happen if everyone in my family just spoke to each other. There would be so much more support. So right now I’m the secret keeper of my family and it’s a lot, but yeah.

Some caregivers were themselves fearful and suffering guilt, “my parents couldn’t look at me- my dad was crying, he just had this sense of shame and guilt”, while others were doubtful- “it took 6 years for my mom to believe me, and it wasn’t until my sister had come out and said it about her own experience”. Another participant said: “I definitely took away that it was my fault and that I should have stopped it from happening, or told somebody sooner. Like I can prevent things like that, and it was up to me to say no and whatnot”. Less commonly among respondents, the reinforced sense of badness came from the wider community: “rumors started up at school, so I just gave into them like “yeah, I’m a slut” ”, but the majority of the interviews conducted for this study conveyed instances of the survivors self-judgment.

Feeling weak, feeling like I was preyed on- that I made for easy prey- that aspect of it, I don’t think really affected my personal relationships. I mean, I’m sure it affected my self-esteem, so in that way it affected my personal relationships- it made me less confident. All of the respondents expressed bearing a sense of shame or badness, either internally, or that had been implied by their religion, caregivers, or social networks. This not only contributed to their experiences of worthlessness or poor self-esteem, but also further disconnected some survivors from their own bodies. Three participants spoke about experiencing full-bodied flashbacks, and body shakes or pseudo paralysis upon being triggered, while several others spoke

about the ways they had disconnected from themselves. “Prior to finding resilience, I was doing a lot of numbing, instead of self-soothing”; “I disassociated a little bit when I was younger, and I did once in one of my therapy sessions too, which was a weird feeling, to have that happen again”. In some cases, however, disconnecting served as a protective factor.

I don’t remember a lot of the abuse, luckily the brain is a magic amazing thing that can protect you from that stuff, so my brain would block it out, and when I *was* abused, I would go in my head and count numbers, like an abacus, and so that’s what I did to protect myself or zone out or numb or whatever.

Each participant experienced negative after-effects of the trauma, but the survivors in this study all self-identified as resilient. The following sections will present the results collected in the interviews that demonstrate the individual process of healing, and the interventions and supports that were more common, as well as those that proved to be effective. This chapter will also present respondents’ reflections about the process, the effects of their childhood sexual abuse, and their position of resiliency.

Initial Disclosures and Interventions

The first detail touched on in the interviews was asking the subjects to identify the first person that they had spoken to about the abuse, and the initial interventions. Not infrequently, the survivors verbalized having a lack of clarity or memory around the process, due to its traumatic nature, and the tendency to “block it out”.

I don’t know if this is specifically my issue or if other people kind of encounter this, but I don’t remember- I really don’t remember. I mean, I don’t remember specifically, but I definitely remember having moments in therapy when I just kind of said something and

then she said something and then I just- kind of realized what was going on. But unfortunately, can't be more specific- I wish I could.

The timeline of events was jumbled, for many of the survivors, but they each recalled elements of their initial conversations and disclosures.

Of the eleven survivors interviewed, eight recalled their initial disclosure taking place with a therapist or high school guidance counselor. Another common response was that the first person informed about the event had been a trusted friend, which five respondents mentioned. Less common, was an initial disclosure to a romantic and/or sexual partner, however, many participants discussed the importance of having a trusted partner, and the magnitude with which having a supportive partner who they had told about the trauma had impacted their self-worth and promoted their healing. More unusual responses included initial disclosure of the abuse to a teacher, and conversations with witnesses to the abuse itself. A unique response was that one survivor had not chosen to disclose the information, but had been directly approached about it.

I wouldn't say that it was me coming out and talking to someone, it was more like, people being concerned and intervening. I think there were like suspicions. So it happened in the context of school and there were a lot of people around- kids, teachers, parents; I think other teachers started to suspect *the* teacher. To this day I don't really know how it happened? But I think somehow that reached my parents, and then they brought it up with me? And shortly thereafter, a therapist brought it up with me. Rather- a therapist *tried* to bring it up with me, and I probably brought it up maybe 6 months to a year later.

While this was a unique experience, less uncommon were narratives of the survivors' parents being informed by the trusted confidante, and being approached about it by their caregivers,

despite their discomfort around having the conversation. None of the survivors interviewed in this study spoke about their abuse with their families or caregivers first, however, most of the survivors' narratives included memories of the caregiver conversations where they had disclosed their trauma, and their feelings leading up to and following those conversations.

While more than half of the participants had begun to process their childhood trauma in high school, only one of the survivors interviewed for this study named that she had first acknowledged and disclosed her abuse history during college. Four of the subjects interviewed expressed that they had recently engaged with their histories of abuse; they had begun neither speaking about their experience nor participating in recovery work prior to 2012. Commonly identified initial interventions included choosing to disclose the abuse, as well as internally recognizing and accepting that they had experienced sexual abuse when in therapy for a different presenting concern. For those who had voluntarily and intentionally chosen to disclose their abuse, sharing this information had been a conscious effort to get help: "Speaking to someone was what stopped it. I think I realized in that moment that if I didn't take that opportunity to tell them in that moment that it would keep happening, and I didn't want that". For the majority of respondents, however, seeking help around the abuse and its traumatic effects had not been a conscious decision; some disclosed suicide attempts that had served as a "call for help" and others named beginning therapy for help with other issues, including: depression, sexual identity, an eating disorder, and phobias.

I never really saw it as getting help about the sexual abuse issue. In my mind, my entire reason for seeing her was to get help with the depression I had been incorrectly diagnosed with, even though the abuse was the exclusive focus of our meetings.

Many of those who began therapy with other concerns named that they were surprised when they had come to this realization:

It was pretty rocking when as a 22 year old, to suddenly have an understanding of things. What was really hard was kind of mourning, like, grieving for, how it affected my life. To be 22 and be able to- almost like a vivid pink line going straight through my life- you could see it the whole way through, how it affected me in each part of my life.

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Just the way that the therapist phrased it like “any history of” or like “have you been abused” or like- he hedged it in such a way that it was- it was really the first time that I had considered that I had been abused. Um. I think that that thought in itself was like revolutionary for me.

After coming to this realization, the survivors began their unique and individual healing processes, and with their own set of experiences and supports, they reached a place in their recovery where they considered themselves to be resilient. The interviews revealed that multiple individuals who identified as resilient, considered different ideas of what it means to be resilient.

Resilience, as Defined by Survivors

Each participant was asked to define resilience, and to consider how it applied to their experience. Although each respondent gave a unique definition, there were multiple themes that were repeated across individuals’ illustrations of the term. Most commonly noted, across interpretations, was the aspect of acceptance and appreciation- a self-awareness and self-love brought on by acknowledging and understanding what happened- and a distancing from judgment: “I understand what happened to me, I’ve processed what’s happened to me”; “I’ve internalized the fact that I’m a survivor and not a victim”; “we can focus on ourselves and accept

ourselves, rather than being caught up in retaliation or anger or bitterness”; “I’m a good person, and I bring a lot to the table, and I’m doing really well in life, even if sometimes things don’t go the way I’ve planned”. Connected to this motif, was the concept of letting go, and developing a sense of self separate from the experience. Almost half of the study subjects spoke about no longer being tormented or feeling guilt or shame about what had taken place, and recognizing their lack of control both in the moment, and dealing with the after effects. “Resilience is when you process something and then kind of move on in a way that it doesn't completely affect you every day, even if it did, once”.

The event that I experienced doesn’t define me, and holding that knowledge, especially things that aren’t my fault, they don’t define me. So that’s kinda the resilient part, is being able to let go. Acknowledge that they happened and forgive yourself and let go. This sense of self, and self-acceptance, connected to less frequent responses, referencing calming, forgiveness, and hope.

Resiliency for me is that- these things don’t go away. Like, I’ve dealt with them and I’m still dealing with them, but y’know when something goes wrong in my life, my first reaction is to start beating myself up internally over it - even if it’s something that I had no control over or like didn’t really relate directly to my action or whatever it was. And the fact that I do that is directly related to living with so much shame for so long. I now remind myself that it’s not my fault, like, I didn’t do this, it happened to me.

This idea that it “doesn’t go away” elicits the idea of consistent challenge, and consistent healing, which was consistent with survivor narratives about the ongoing nature of healing: "I guess you could say I’m still in the healing process? Because I think everyone is, like no one- I don’t think it’s possible to say like, definitively, like “I’m better, I’m over it, and everything’s

fine” ”. An element that was present among all the respondents was the idea of perseverance, and/or recovery. “The resiliency piece is just continuing to persevere in my life, despite this tremendous handicap that I have. Which is like, poor feelings about my own self-worth in the world”.

Definitions that focused on perseverance included the idea of continuation- to keep pushing, to stay strong [through adversity], and to continue functioning as necessary. “It’s about strength beyond a moment- someone who has gone through a lot, and is capable of getting through more”. Those that focused more on the idea of recovery referred to “bouncing back” or “standing back up”.

Resiliency to me means the ability to- what I kind of think of is- do you know those boppy toys that kids have where you punch it and it pops back up? That reminds me of resiliency, because it doesn’t matter how many times you knock it down, or how hard you knock it down, it’s gonna pop back up. You can try all you want- you’re not gonna keep that thing down. And yeah, it doesn’t look very strong, but that thing keeps popping up- against all odds. That’s kind of what I think of, because no matter what you throw at it, it’s gonna stand back up as tall and proud as it did before.

While recovery and perseverance were most frequently included in understandings of resilience, an additional common theme was an evaluation of achievement. When reflecting on their own identities as resilient, five of the survivors interviewed responded with their academic, professional, and interpersonal successes. Success and achievement, perseverance and recovery, acceptance and self-worth, and letting go were repeated across articulations, but there were some responses that were more unusual.

One survivor rather than continuation or resurgence, noted a sense of transformation and growth. Another unusual definition, was one that included others, and veered away from the individualized experience: “How am I resilient? I would say that it’s my ability to draw on that experience and use it for the good of other people. Instead of just sitting on it”. Although the experience of helping others was rarely included in survivor definitions of resilience, it was frequently identified as an experience that promoted it. The next section will present support factors, including people and experiences that were identified by the study participants.

The Factors Promoting Resilience

Of the eleven survivors who articulated experiences and supports that had profoundly impacted their process and advanced their personal resilience, I found that there were very few similar responses. The factors identified were, however, thematically similar among various respondents. One of the factors presented in several narratives was having experiences that offered the survivor the opportunity to be aware of, in tune with, and in control of their bodies. “I realized that I really wanted control of my own body. I got a gym membership, and I’m gonna start taking martial arts class. I have nice sense of control of my body in a different way than I’ve ever had”. Sex was another aspect of physical empowerment that the survivors spoke to:

A big thing was not focusing on what I think to be the end goal. So if the end goal is orgasm, part of what gets in my way is focusing “I have to get to that point”. To step back and focus on other things that are more important, like being connected with my body, and being connected with my partner, brings with it a sense of calm.

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I couldn’t get over what was like this mental block about being sexual with a woman, after having such negative sexual experiences with females in my childhood. I finally

ended up dating a woman, and it was very difficult for me- it took a lot of conversations and repeatedly removing pressure and expectation, as well as naming and renaming consent. With the power to say no, I wanted to say yes; having this intimate and what honestly felt like spiritual physical connection gave me back so much control of myself, my body, and my life. This earth-shattering sex in a lot of ways healed me - I have never been comfortable with my body, or anything other than ashamed about my sexuality, and now I just feel free.

Another factor that survivors spoke about as sources of empowerment was feminism. “Overall, any rape survivor articles or in general angry feminists ranting about how sexual violence isn’t cool, that all helped”; “Feminism really helped, too. It was really empowering for me because it was like “oh my god- I felt that way. I felt like it was my fault because I thought I was sexual, and really I was being sexualized”. In reference to Feminism, as well as the Queer community, survivors spoke about feeling validated around their experiences, finding support in the anti-victim blaming efforts of the movement, and coming to a place of recognition, that their experience was a form of abuse. Multiple narratives specifically addressed feminist blog posts that they had found on Tumblr, as the jumping off point for their journey. An unusual response referred to a different media source:

Lolita is one of my favorite books, and people are like “well how can you, as a sexual abuse survivor support that book?” and I’m like “y’know, if you read this as a love story, then you’re not getting it; because it’s the story of a girl who is raped and abused throughout years and tries to get away from him, and when she does show some sexual interest it’s to survive. She learns to survive with what she has that she wants, which is y’know, her body. But really, a lot of it is just, you see the damage that’s done to her, and

you see the madness of the person who's doing it. And it came across to me that he's a very charming narrator, but he's also a monster, and that really kind of validated me, because I had been abused before by people who were community allstars- everyone wanted to be his daughter: Mr. Little League, or whatever. Those were a lot of the kinds of guys who abused me, because they knew that they were well liked and that no-one would believe a kid. And that's kind of how I felt with Lolita. She wouldn't have any- she told her mother, without it even, made anything happen, when this man is so charismatic and it kind of gave me the picture of a predator that hadn't been portrayed in the media, because a lot of times in media it's like- oh, the dark guy in the alley is gonna rape your kid. But no, it's the really charming cultured man that you have eyes for that might molest your child. It's people you like that you let get close to your child. And so that kind of made me think differently about the dynamic.

The more common aspect of this survivor's experience was that healing came from a shift in thinking. "I can go outside the box to heal or have experience - realizing that was really a turning point". One survivor, who had served in the military as an adult, voiced that his "time in Afghanistan had been much more personally damaging" for him, long-term, and that having a more traumatic experience shifted his mentality about trauma and adversity. Another survivor, who had attended a support group for Incest Anonymous shared her experience:

I can walk into this room and speak these words and it's okay. And also, here are all these other people who have lived through very similar experiences, even if I don't know what their exact experiences are, like, they've struggled with the same y'know, low self-esteem, like, feeling like they're they're worthless- many of them are still living in horrible abusive situations, and so that was also for me- it feels terrible to say I brought

myself up on someone else's despair, but it was really another revolutionary thing for me, to see how well I *am* doing compared to others, and how lucky I am that I have these like supports in place.

Attending the Incest Anonymous group provided a shift in perspective, but also provided a safe space to feel solidarity, and to find the empowerment to speak up and share a traumatic narrative and stand strong while doing it. This was a promoting factor that was identified in multiple interviews, including two survivors explanation of attending a "Take Back the Night" rally. One described her experience as "a sudden rush, saying it out loud to others. Realizing it wasn't my fault? I didn't do it, it was done *to* me. It was outside of my control. All these things I didn't even know; I was just living with the shame for so long". Another identified "oh my god- all of these people; these people have had experiences like me. I'm not like- a dark secret hiding in a corner. These people are getting up there and saying what happened to them, and they're alive and they're okay and I can be that too".

Most unique among responses were the various ways that the survivors spoke about expressing themselves to process the trauma, and cope with its effects. Two participants identified their religion and spirituality as significant to their resilience, but several of the participants presented creative outlets where they found opportunity for self-expression, as well as a sense of respite. One respondent explained that she went to a pottery studio, where the physical act of making ceramics, as well as listening to the teacher speaking, served as a method to ground or center herself. One survivor spoke about processing her trauma with the art that she produced, and another spoke about attending punk rock concerts. "Being part of the punk community in high school was really helpful for my angsty angsty rage- it really helped kind of,

channel that somehow?” Most unique among the artistic practices identified by the survivors, was the experience of the survivor who did theater:

I got to play someone that wasn't myself. It gave me a reprieve from my life. That I got to pretend. That I was somebody else, even for a couple hours of rehearsal, it was a nice and welcome break from my life. And I used to do like 3 shows at a time, because it was like crack to me, and also it kept me out of the house. And I'd be like "If I do shows, I don't have to be home, and home is a bad place". In college, I turned my story into a show- a one-man show, and performed it twice my senior year. It's sad, what happened, but I try to take the positives from it - it shaped me to be who I am today, so it's not so sad. It's just a story. And putting it out there as a play made it even more of a story, and I got to separate the story from myself, which was cool. And it was also interesting writing the play, because I had to delete some scenes from my life. Like: this is important to me, but isn't important to the plot - what is relevant to this story? It was really interesting, the whole process. But that really helped me to feel like I was seen and acknowledged and validated, and that really helped me a lot, finally almost to- put it to rest.

The one-man show had been an opportunity for this survivor to choose the parts of his life he wanted to present, and share the injustice he had experienced, both within his family, and in the mental health care system.

One of the more common factors that had enabled healing identified by the survivors in this study, was involvement in the mental health community. The majority of the survivors interviewed discussed their experiences in therapy, having elicited memories, links, and providing the space to accept, forgive, feel, and work through. Less common, but still present in multiple narratives, was the impact of residential treatment; while one participant felt that

residential nearly ruined his life, another found that she “felt connected; I was able to build community, and it really normalized my experience and helped me to feel less guilt. I made so many friends there and they’re still my closest friends today”. Not only were the survivors reflective of the impact of their own experiences from mental health supports, but of their own work helping others. Functioning as a helper, leader, and even as an activist gave many individuals a newfound sense of strength. “I don’t like myself enough to stand up for myself, but I like these other things enough to stand up for them. Then it was like, maybe if I start to like myself one day, I’ll be able to use these skills”; “I think that part of my healing was being a leader and being given responsibility, or giving myself responsibility at [the residential facility] - the ability to give back has always been healing for me”; “now my biggest source of strength- and this has kind of been a big deal to me- is the fact that I am able to stand up for other people who are unable to stand up for themselves”. Several respondents identified that their choice to go into a helping profession had both been inspired by their experience, and promoted their own healing and resilience.

In the last probably 10 years or so, I’ve been involved in suicide prevention, and a lot of the counseling that I have done has been with people who have had sexual trauma in their past. And I’d started- especially recently- using my own experiences to help them open up to me, in that context. And it seems to make them a lot more comfortable telling me what happened with them, because they’re thinking “hey- this person’s gonna get it”. I think the fact that I am using it in my crisis work has given me a new outlook on it. Because for years I thought it was this dirty secret that you don’t mention to people, but I’ve learned that it actually can be useful and helpful, especially to other people.

Most of those who spoke about their role as a leader, healer, or advocate, spoke of the strength that it gave them, and the solidarity that they were able to feel with those they were helping. One of the survivors, however, spoke of a truly unique piece of her journey, in her experience as a mental health professional:

One of the clients that I had in one of my student internships was actually a perpetrator. And um, that was a really intense and interesting experience... For me to be offering empathy to a perpetrator. And I think that that had a lot to do with my journey, as well. Just because, through the profession, y'know, we step outside- it's not your experience, but you're also dealing with what comes up within you, as it always does. He turned out to be like my favorite client, and I had a really awesome rapport with him, I think fondly of him, often. When I look back at my time there. So, that was a really- I don't know, heartwarming, interesting, and really great experience for me? And I think that that really pushed my ability to empathize to a different level, and I think it was ... it allowed me to kind of turn that inward to my own scenario, and kind of offer that same kind of empathy and moving forward towards my own perpetrator.

The idea of holding empathy for the perpetrator was an unusual response, but one that certainly impacted more than one of the survivors interviewed for this study. Another survivor shared:

I don't blame *her*, even though this has messed me up forever, because she was just as young as I was. Because you know what? She had to learn that from somewhere. Honestly? Sometimes I feel bad for her, because I feel like she must have had it pretty bad, too.

Although forgiving the perpetrator was uncommon, making sense of the event, or confronting the perpetrator was something that contributed to the healing experience for multiple respondents. One survivor shared that he responded after a series of phone calls from his perpetrator: “I didn’t call him out on it, I didn’t say anything, I was just a complete asshole to him, and told him to never call me again”. Another survivor initiated her own confrontation:

I can’t really come to terms with something unless I can understand why it might have happened or what the person was thinking, like: how could you have done this? So part of that was actually having to bring him down from the pedestal of “registered sex offender” because that is something of the news, and for me, it was a very personal experience. It took realizing, this is a person- person, like any other person, who has some really serious issues they need to work out, and as a result, acted in a way that is exceedingly hurtful and completely inappropriate. Realizing that was very important for processing it, but also for my own - I guess for my own resilience. ‘Cause it’s like easier to feel resilient when you feel like you have a global understanding of how something happened, or how it could have happened, or what the situation was. And so I mean, I don’t know- I feel like a lot of the stories I’ve heard, it’s like, when you have an abuser and someone being abused and then the situation blows up, then you don’t ever talk to the person again or something. I don’t know. Basically, I got in contact with this person again, a few years after it had happened, after I had been in therapy for a while, and put in my two cents, or just took the opportunity to be like “just wanted to let you know, that you really kind of fucked things up for me and I can’t believe you did that” and “what on earth were you thinking?” and kind of got to take a stab at it, and that’s kind of a big part

of how I think of processing it also. Because if I hadn't ever had that last opportunity to contact this person that was very real to me I wouldn't be in the same place.

Although she confronted him, she still spoke about recognizing her perpetrator's humanity, and the likelihood that he had issues of his own, which allowed her a sense of closure. Stepping back from the anger to induce a sense of closure was not a unique experience among the survivor narratives in this study. Finding closure functioned as a way to assist survivors in rendering their experience something that could make sense, and could yield to their journey toward resilience.

I didn't really have any interest in ratting him out, per se. Because at the time, he was 16, and I was 6. He's only 10 years older than me. So there's a lot of questions that I have- I mean, you can't claim that he didn't know what he was doing, in the sense that he wouldn't have known that it was wrong, especially because it happened more than once. Like it's one thing if your hand just slips between a kid's legs, like okay, oops, but I just don't know- my acceptance towards myself has made it so much less about him. Because at the end of the day? No I don't want him doing this to anyone else, but if I don't really think that that's the case, then I don't really get anything out of any kind of retaliation or any kind of um, ruining his life, or confronting him. I mean there were definitely, even just a couple months ago, we were planning on me having a conversation with him. But after the dinner party, I mean, we just really like, no I don't think I want to be around him often, um, because I really just don't wanna ever come around a circumstance where it would come up, because I don't think it would benefit anyone, and I think it would be more harmful, to everyone, including me.

For a number of survivors, although the initial conversations where they disclosed the abuse represented the beginning of their work, the conversation also provided a sense of relief, and

resolution. “The second person I told, our queer identities unfolded simultaneously, our memories and disclosure of our Childhood Sexual Abuse unfolded simultaneously, and we became resilient simultaneously... It’s been incredible to have a network of femme witches and survivors”. One survivor, who had been assaulted by a friend’s father at a sleepover, had rejected the perpetrator by making his body inaccessible, but then went on to witness the perpetrator assault another friend in the room. For him, a conversation with the other victim not only provided confirmation that the assault took place, but provided comfort, and relief from his overwhelming guilt.

My fiancée; it’s the first relationship I’ve ever been in- maybe this is why I’m marrying him- where when I finally did decide to tell him like- “look, I’m a survivor”, he was just like: “okay ... and?” Like, it doesn’t change anything. It wasn’t this huge horrible piece of news for him. He just like took it in and it’s like “okay. This explains some things; things about you make more sense now, but this doesn’t change anything about you, or this relationship”. So like, the types of experiences where I’m able to speak my truth and- and see that it doesn’t make me a bad or dirty person because these things happened to me, those have helped me grow stronger.

Receiving support in response to their disclosure served as a validating experience for many of the survivors who shared their narratives. Being connected and having a sense of community and interpersonal support was one of the most common factors that had promoted healing among the study participants.

Interpersonal Support

Some relationships serve as protective factors, such as supportive families, community, and trusted adults. For the survivors interviewed in this study, the support people served both as a

protective factor that assisted in bypassing posttraumatic effects, and a support factor fostering resilience through difficult moments. As described by one participant, “cultivating a sense of intimacy, sharing my story and finding the solidarity of someone else’s, that’s a really healing experience”. An unusual response, was that of a survivor who had been most supported by a cousin, who passed away. Their narrative touched on withstanding loss and rediscovering strength, after losing some of the supports that had promoted their resilience, which was not raised in any of the other interviews.

Other than my ex and my therapist, the only other person that knew about it was my cousin, but my cousin had died like a year before, 2 years ago now. And that was really unfortunate, and kinda also- not only did my cousin’s death kinda rock me, but she also took that information with her. So after we broke up, I thought it would kinda have the same impact, my ex having that information, but then I realized like, that’s my information, and it was okay if they were also the only people that I ever talked to about it. It was something that I needed in the moment, and it was information that I could always - if I needed to tell someone else I could, and also I knew that I had the words now, to explain it.

While various forms of interpersonal support functioned in service of survivors’ resilience, romantic partners provided a sense of unity that respondents conveyed to be unequalled. Not feeling alone or isolated while combatting such a difficult set of memories, triggers, and responses allowed survivors to operate with an increased sense of strength.

Being accepting of it, and kind to myself and understanding with myself and having that repeated and really supported and emphasized by my husband, who was also saying “it’s okay, I’m here for you” y’know, all of that, and really not taking it personally, or- I mean,

there were times obviously, y'know, it's upsetting for him. He wasn't- nobody can ever be 100%, but the fact that we were kind of in it together- it, that just really made a huge difference.

A unique perspective was that of one of the survivors who spoke about the benefits of an abusive relationship that she had been in. "Even though it wasn't great and lasted too long, having romantic feelings involved changed my prior inability to be physically connected to people. Now I'm a cuddle bug- I love to connect, be physical, hold hands". One survivor framed her experience with her boyfriend, after the therapy session where she had recalled and disclosed her childhood sexual abuse. "After that session that I was so rocked that I called my boyfriend, and I actually drove straight to his work, and I had him come out, and I just- cried with him in the parking lot, and for some reason it really helped".

Therapists- and other mental health care providers or helping professionals- were the most commonly identified support person, across all eleven interviews. Singularly among those interviewed, was a survivor who vocalized having an incredibly negative experience with the mental health care system and episodes of attending therapy:

So while I was at [residential facility], my therapist- because everyone needs a fucking therapist- wanted me to admit that drugs were the reason I was doing everything I was doing; that I had a drug problem. I wasn't agreeing to that! So the therapist was like "well, since you won't get on board, I'm not coming to see you", and the therapist there never saw me again. And the only way you can get out of there is by having your therapist clear you. And I was like "holy fucking shit- I'm going to be here *forever*, like- forever". At this point, whenever I need to get help, I get help, but I can't attribute my getting better to anybody but me. There was no therapist, I never had a parental figure

who was present, I never had a teacher who made an impact in my life, I never had a therapist that was like “this is the therapist that turned my life around”, I never had consistent friends. It really just came from within. Because I didn’t want to be in that fucking place for the rest of my life.

Although this individual over all held onto a negative recollection of the therapists he had seen over time- vocalizing that it did not contribute to his personal strength, and verbalized the dangers he was confronted with in the residential facility- he also identified that in some ways, therapy had served as a protective factor.

I was not ready at that time to go into anything; I was just kinda traumatized. That was the end of the abuse, pretty much, when I cut myself that day. I started having to go to therapy, like three times a week, and then my father stopped. Like - I could talk about what was going on, and I think that because of that, he got scared shitless. He also stopped abusing my sister at that time, because it was happening to both of us.

Whereas this survivor had found no strength or support from within the therapy sessions themselves, the majority of the study respondents mentioned their therapists several times as they reflected on their journey towards resilience. It was noteworthy that not all of the survivors had exclusively positive experiences of therapy, and variably reflected on their mixed feelings about their providers. “In spite of the fact that my therapist insisted on hugging at the beginning and end of every meeting- I don’t deal well with touch at all- she was very much what I needed”. In some narratives, the survivors felt particularly affected by the individual therapist they were meeting with, but for some, just having a clearly identified support and a space delineated for the process was the crucial element. “Really the whole thing started with this amazing therapist who gave me this outlet to explore this very difficult, very shameful piece of my history that I had

never explored before”; “she had a very calming presence, that encouraged - in my mind - to keep those memories at a distance, even when we were working directly with them. Through those first several months, I was totally lost in the process”.

One experience of therapy was that the therapist served as a mother, or a “better mother”. Therapists were not the only figures that served survivors as an auxiliary caregiver. In some cases, the parent of a friend functioned as a source of support, as well as a provider of safety; for others, mentors and teachers occasionally filled this role. One study participant described the impact of a particular teacher on her sense of resilience and value.

I had this art teacher throughout my high school years that was one of the biggest supports for me. She had this posse of us, who we- none of us wanted to go home because all of us had really bad home lives and had a lot of abuse in our lives, so she kind of let us hang out after school when other teachers were going home and she’d stay there until like 7pm, so we could work on our art projects and shoot the shit. ... The thing about her was that she was one of the people that wasn’t like “oh my gosh- you poor thing”. She reminded me that it was strong, to get it out through my art, and that that was a way of healing, even if it wasn’t validated by my family. She was like “this is the most important work you’ll ever do” and she would ask me about it - and I felt like other people asked me about it in a more accusatory way like “what exactly happened? Why didn’t you tell anybody?” She would the monster? I see that his hands look like this; what does that mean? Is that how you felt?” Things that were just look at my art and be like “tell me about this; who’s asking about my experience, just so that I could talk about it, get it out. And that was wonderful. And even still, throughout my college years and my adult years, I kind of like- collecting mothers, almost? So it’s like every setting I’m in, I

always have an advisor, a professor, or someone that I get really close to, and *they'll* know what I'm struggling with? And then I will keep them forever. And so I kind of made an artificial army of moms that were actually a corrective experience for me? And kind of gave me what I didn't get when the trauma happened.

Periodically, survivors mentioned the power and impact of relationships that simulated supports that they had not procured during the traumatic episode(s), or earlier in their process.

By having the connection to other people, and finding support from those people, survivors were able to not only absolve themselves of guilt or shame-filled perceptions of themselves, but recognize themselves as a person of worth. For several study participants, this sentiment was supplied simply by socializing with friends: "the fact that people love me and care about me, and that I'm valuable and important, that's a really big thing"; "we get together and care for each other, we pamper and take care of ourselves and each other, and act as mirrors of each other's badass-ness; it's good to have a space to be vulnerable and authentic". Each of the respondents, by having an individual and personal journey- from entrenched to empowered, referenced different people who influenced them. Amongst these narratives, it was copiously apparent that each of the specified people played an invaluable role, and would always be significant to the person that they supported. Across the various types of relationships, the survivors found connection, and as one of the respondents said: "connectedness is the most essential, with my friends, in-laws, professors at university, my family, and my job ... and of course love of all kinds: romantic love, loving my job, family love, friendship love, and self-love".

Evaluation of Pre-identified Factors

Connectedness as a proponent of strength is a feeling that not only was indicated in the interviews conducted for this study, but in the research published by Stevan Hobfoll and colleagues, as one of the five essential elements of immediate and mid-term mass trauma intervention (Hobfoll et al., 2007). Connectedness was an element that resonated with each survivor interviewed. Similarly to the way that self-efficacy presented itself differently for each participant, respondents spoke about various aspects of connection. The majority of responses related to themes of symbiosis and interpersonal engagement:

I guess I stopped feeling alienated ... when you get to a point where you feel like you've processed it or you've thought about mostly all there is to think about regarding the experience- okay, maybe you'll never really reach that point, but just sort of- sorted it out to a point where it feels fulfilling or like, for yourself, that you've done what you needed to do, that once you reach that point, once I reached that point, I started to think about myself in the larger scheme of things? Like, oh, there are other people that have had experiences like this and it's actually not all that uncommon, and just thinking about connecting with other people, or just - it being a problem in the world. So it's like - went from total alienation to slowly feeling more connected in various ways, and now I feel that pretty strongly.

This narrative was common among respondents, as they reflected on their experience of connectedness, and the various supporting characters that they had identified earlier in their narrative. An atypical response was the notion of connection with the self and the body:

As a protector, or defense, you just kind of separate your mind from your body. Um. And like I was saying, how that helped me, in that scenario that helped me, 'cause I still had this sense of safety, mentally, even though my body was physiologically freaking out, because my body felt like there was no safety, y'know, that separation ... worked for me then, and then from there forward did *not* work for me, and it harmed me. When I wanted to have connection with my own body, and when I wanted to have connections with other people - with partners. But I do think that my connection with my husband, and with my therapist, my connection with the community that I was in? Those all really helped me.

Although the other respondents did not account for connecting with themselves and their bodies in this section, it had been something that several survivors identified as a challenge that they had worked through. Another less common interpretation was about drawing connections between parts of personal history. One survivor spoke about connecting her emotions with her eating disorder, and the interpersonal connections she fostered during treatment.

I realized that a lot of my eating behaviors were really tied up to loneliness and isolation, and then they cause more loneliness and isolation? The treatment center I chose is the one I chose because it works in most feminist frameworks. And they do a lot of work around connectedness. They were kind of saying listen, when we're focusing on these things, we're not focused on connecting with each other. We're not focused on the fact that we're all so wrapped up in the same things- we're all together in this. Back then it was really profound for me. So I started feeling that way, rather than dedicating my energy toward my inner struggle, I started dedicating it toward kinship with fellow women, because I had a past where I was like "I'm not like other girls" - some shit as if all women are one way or another or something, and it was like "oh- maybe that was bullshit" so I

really invested myself in connecting to other women and even people who I would look at before like oh they could never be my friend, reaching out to them and seeing we all ... even though we have very different experiences, are very alike in our humanity. And so I really was able to connect - I started to foster connection in my life and I feel like I don't need self-abusive behaviors when I have those connections. It feels wrong to me? I don't know.

This interweaving of her behavior and internal emotional experience, paralleled the moment of recognition that had been articulated earlier by another survivor, where she had discovered “a vivid pink line going straight through [her] life”. Further parallels of this nature were verbalized in a majority of the narratives, where respondents reflected on the possibilities of their abuse impacting their sexual identities. Reflections about the links between the abuse and personal identity are presented after the survivors' evaluations of the presence of the remaining four elements identified by Hobfoll and colleagues.

The other four essential elements, as outlined by Hobfoll and colleagues, were: a sense of safety, calmness, a sense of self-efficacy, and a sense of hope (Hobfoll et al., 2007). In the third section of each interview, respondents were asked successively to evaluate if these elements had been relevant to their experience, if they had struggled to obtain or maintain that element, and if they had a particularly memorable experience or turning point where they specifically felt the presence of that element. Thematic responses from this section of the interviews are presented below.

Safety

Most frequently, respondents confirmed that currently in their daily life, they do not find themselves to be concerned for their safety, or to be “at risk”. A common explanation, for those

who did not express a full-time sense of safety, was that particular scenarios occasionally appeared triggering, but that it was a rare occurrence. Finding themselves in a situation they perceived to be unsafe was, for some respondents, ungrounding; it took time to recover from feeling they were in danger. One survivor shared a recent incident:

This guy made a really uncomfortable advance, and it was just- ridiculously triggering. Like, this like switch went off in my brain, and I just ran to my room. And my friend comes in like “what’s going on?” and I just kinda said “I can’t really explain to you what’s going on, but I just need that guy to leave” and she’s just like “ok!” and she- she took care of it, and got him to leave. But, it- it shook my sense of security, like, the unsafety- profoundly, for like 2 weeks after that... I think that it shook my sense of security precisely because it happened in my *own* home? So, for like two weeks after, I was looking over my shoulder to see if he was around, y’know? So- it’s very important, and it’s very much dependent on y’know, time and place and who’s there. I can say confidently right now that I feel very safe, um, but if something were to happen, like someone were to break in, or an old boyfriend were to show up at my doorstep, or something like that? That would throw me for a loop.

Another survivor, who also shared a specific interaction where she had felt unsafe, detailed her thought process following an incident where a stranger had been taking photos and videos of her on the local bus.

I was just like “holy shit!” full-on body shakes like ugggghh you’re a creep and you definitely molest children, and I’m in danger. So that happens, and I always wonder- in moments that I have experiences like that- I wonder if I’m especially set off by that having had the experience I did. I guess I don’t consciously look around like is someone

coming after me, but I have a lot of anxiety issues that I wonder if subconsciously I'm pretty worried about that - I feel like it's possible. So consciously I'm like no come on, but I do have a lot of anxiety responses that lead me to believe I am pretty stressed out about it.

A particularly unique response was expressed by one survivor who had been abused by his father, and had not felt safety for many years following the abuse: "I think it took until my father died- until he passed away, and I knew he was no longer a threat. Even though he lived across the country from me, and I wasn't hearing from him, it still took until that happened". The general experience amongst respondents, however, was that they felt safe in their quotidian routine, and that a lack of danger was necessary to their ability to function, and to feel resilient.

Calmness

Similarly to a perception of safety, several participants reported that they found calmness to be an important element to functioning effectively. Not uncommon, individuals remarked that they would "get in [their] head" and did a lot of "rumination" or "sitting in [their] anxiety": "I'm an anxious person, so self soothing and calming is difficult for me. In some of those cases it can be hard to- rather than talking myself down, I need to do something to distract myself from the thoughts altogether". Unlike feeling unsafe, the participants specified various solutions they would employ in moments when they did not feel calm. "I have a few tactics that I always use, like, usually breathing, or just going to a yoga class, generally are like good fixes for me if I'm feeling panicked or overwhelmed or whatever"; "After several therapy sessions, I realized that sometimes I just need to talk it out. I just know that there's this sort of feeling that I've had, and I know if anything is bothering me, I can talk about it and that's okay".

I started noticing my body, to notice when I'm getting triggered, if my heart starts beating faster, that kind of thing. It had started happening with my clients who talked about experiences of trauma and I just started saying "listen, if you want to do this work, you've gotta use your skills" and so I would, if I was hearing someone talk about all the trauma they've been through, I ground myself. I put my feet on the floor, I put my hands on my legs, I breathe in- breathe out. I'm like "right now I'm here, I'm safe in this therapy office. I'm here with my client and they're safe in this office, all of us are safe" and it's weird now within a couple breaths, I feel- not even back to normal- more soothed than I normally feel.

Of the five essential elements delineated with each respondent, calmness and self-soothing was named most frequently as the element the individuals struggled with. Despite the identified struggle, however, most of the interview subjects felt that if they were not calm, they had the ability to self soothe, which in itself is an illustration of self-efficacy.

Self-Efficacy

Self-efficacy was the aspect of survivors' current reality and healing process that they felt most capable of delineating. Although a majority of the interview subjects had different understandings of what it meant to have "a sense of self-efficacy", each individual was able to specifically name elements of their life, at the present moment, that provided them with a sense of control, ability, strength, or achievement. These elements also mirrored a plurality of the survivors' definitions of resilience. While a more unique response involved a self-conceptualization of attaining independence,

It's kind of been bashed into my head that I'm nothing without my family, that I need them to survive? But we've had - there have been times my parents will temporarily

disown me, and those times were the most freeing of my life, almost? And I've realized that whether or not they're a part of my life, I've always gotten by? And now I'm living somewhere I never thought I'd live, doing something I never thought I'd be able to do, and I'm doing it myself - no one is helping me, no one can take credit for this except for me. And the last therapist that I had that I really liked said something like "given your trauma history and your abuse history and your family history, it's almost remarkable that you're not in the criminal justice system" so I'm kinda like "ehhhhh" but sometimes I think about that, and realize I could have ended up in a lot of trouble, given the things that have happened to me, and I didn't. I've made it through an undergrad degree, and I am building my own career that I like and I'm living somewhere that I like and I'm making change for myself, and I think I'm the first person in my extended family to ever be able to do any of that.

a sense of control and empowerment was an element that more commonly symbolized self-efficacy for the study participants: "I didn't have a choice in the abuse. I have a choice now, in how I react to things".

Another respondent noted: "I actually ended up in an abusive relationship, and the next relationship I had was really controlling. But in both of them, I got out. I began tapping into my own power. I started taking control of me and having strength in myself". This narrative not only conveyed the concept of independence and empowerment, but a sense of achievement.

Achievement in itself was conceptualized differently among respondents; some responses referenced completion of a task, while others referenced fostering relationships, and others referred to more professionally-based success. "I've done really well for myself. I feel like I'm really smart, my academic achievements- I have my degree, I do well at my job, I just got a

promotion, and I'm getting married soon!"; "I'm the type of person where I say I'm gonna do this thing, and then I do it. Whether it's "I'm gonna get an A" or "I'm gonna take these pills and kill myself", I've always followed through". Another theme that arose, among responses to this question, was a feeling of pride.

I don't necessarily believe that I could be where I'm at if it weren't for my therapist and husband helping me, but I do also pride myself in the amount of effort and hard work and persistency, y'know, like, not giving up that I did. So I come away with a sense of, yeah, self-efficacy. Like, I- I am capable of overcoming these things, and others helped me figure out how, and what I'm capable of.

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It's energizing to get through something that's really difficult, and to know that you're dealing with something that's really difficult but that you're gonna get through it and you're doing it? I had to be proud of myself, and hope that I would get through it. In that sense, I would say that I always kind of felt that.

Not only did these responses reflect feelings of pride, but along with the confidence of ability and resolution, there arose an element of faith and hope.

Hope

Although all of Hobfoll's "essential elements" seemed to resonate with the study participants, hope appeared as the most important for many of the survivors. A response discordant with the rest of the interviews, was the idea that hope could be damaging:

I have a ridiculous sense of hope, and I think that that has helped me in a lot of things in my life. It's also hurt me in a lot of things in life, when I give the benefit of the doubt, or I give too much of myself to the wrong people, or undeserving people.

Several individuals expressed that holding on to hope, and continuing to move forward- with dreams and goals on the other end, was what kept them going, or even to begin the work. “Once I figured out the connection, I always had the hope for working through it. And I think that’s what kinda helped me step up to the plate”. More than the other factors, several survivors named moments that they had not been able to access hope. Presented here are two survivors’ recollections of being hopeless and the strength they found, allowing them to arrive at their current position of both hope and strength.

When I would fail, like, if the end goal was orgasm, and then we couldn’t get there, that would feel like a fail. And when it felt like I failed, there was *tons* of hopelessness in those moments, because it was really just compounding of “this is a physiological thing that I feel I don’t have control over, and I feel that someone took that from me when I was really young”. And there’s a lot of hopelessness that comes with that? And so, to really have the hope that I bring to the table, as well as the support that I have from my therapist and my husband, and just the insight that I have from all of it to pull me out of that hopeless place, is just really key.

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When I was about to go into residential, when I was 24, I had kind of hit that point like, I’m never going to get over my food issues. It’s going to kill me or I’m going to kill myself- there’s no hope past this. So I kind of said I’m going to go to residential but I don’t know if it will help, this is my last chance. And then I got out and it was almost like seeing the world through different eyes, because I had also done so much trauma work there. And it was like oh my god- what a beautiful fucking day to be alive. And even though I don’t feel that way every day, it’s still like I wake up and have this reminder,

even if I feel like I'm going to die, I've survived 100% of the worst days of my life, and that's a pretty good rate, so I'm not going to bet against myself today. So even if I'm not feeling great, I know I've felt worse, I've been through worse, I've conquered worse.

Unexpectedly, a theme that arose in multiple participants' measurements of hope was the presence of success, as well as strength. "I think just being able to label it, and being okay labeling it in front of a bunch of people, and knowing that it's a vulnerable thing but also feeling strong enough". Several survivors implied that they had developed a sense of hope from the evidence of what they had already experienced and overcome. Having proof that they could survive, that they could find safety, that they could be successful, and that things could get better served as a reason to have faith that their concerns had faded, and that if faced with adversity again, they would persevere. "I just really have a lot of hope that my life is going to be ... amazing, and that I'm going to raise a beautiful family, and- and make choices that are very different than the choices that my parents made, and that I hope will result in a lot more happiness". In perseverance, these resilient survivors found space for their own choices, dreams, and resounding hope.

Links to Sexual Identity

In the fourth section of the interviews, participants offered reflections on their adverse childhood experiences, the recovery process, and the ways that the trauma and recovery had impacted their personal development and success. As noted in the findings regarding connectedness, a remarkable number of the respondents explored the possibility that their childhood sexual abuse had contributed to their current sexual identity. The tendency to make this connection was underlined by one narrative: "I couldn't have any sort of sexual experience without like kind of being reminded of it or it being present in some way". To fathom connecting

intimately with another person at all was incredibly difficult for some participants. “I had disconnected from sexuality. I had feelings, but no interest in sex. When things started to get physical- and I’m talking about consensual stuff, I felt nothing. Or like a robot. It felt mechanical and empty”. An especially common picture that survivors illustrated was a hesitation to approach or engage with members of the perpetrator’s gender.

Initially I had that weird feeling with men, where I was like “maybe I’m just gay?” whereas, I’m not sure that, given my religious background, if I would have been okay to explore that otherwise. So in doing that, I kind of felt like, no - I do feel good with women. And then that kind of led me like after therapy and things like that to think maybe my thing with men isn’t an outright I’m not attracted to them, maybe its my background - my experience. So I kind of tested the waters with that, and then it was like no, this can be okay. I have to be careful in the church of faith but this is okay. And then I started feeling myself attracted to people who were trans or non-binary, and I was like that feels good, too. So I think it kind of led me to be able to explore it without the same amount of shame, which almost seems wrong? I don't know, it seems incongruent, but it kind of led me to explore women, because I didn’t feel like I could have relationships with men.

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I know when I was questioning my sexual identity, I was like “does this incident have anything do with it?” amongst other questions. One time my mom did say to me, when I was in my teens, she wondered if y’know the incident had anything to do with my inability to approach boys- not inability, my hesitation to approach boys. So that’s another thing I probably carried with me a little bit of hunger, wondering if this had

anything to do with it, and not having anyone to talk to about it. But I think that after speaking to queer people who have also experienced sexual assault, it's just kinda like it is what it is. I sometimes wonder, because on occasion I do find men attractive, and I sometimes wonder if I never acted on that in the past or if I purposely avoided it because of that, and now I'm a little bit ... I'm more comfortable approaching men? At least with the idea of it. I haven't done anything yet. But yeah, I'm a little more okay with the idea of it, so I wonder if that ties in - I do wonder if that ties into it, but I haven't really explored that yet.

While it was common that respondents voiced uncertainty about their sexual leanings, even more commonly described was the experience of caregivers attributing their child's sexual identity to the traumatic event. Caregivers' doubt was not isolated to sexual orientation, as exemplified by one respondent:

My mom's like, "I think you're trans because it's easier to deal with what happened to you" and I'm like "that very well may be, but I don't take that from that as cut and dry as you do", but my mom even says "the end result is that you're more happy and more confident than you were before, so I don't give a shit - as long as you're happy".

This survivor felt affirmed in his identity, but some caregivers expressed that gender nonconformity or non-heterosexuality was problematic, or a "protective disguise". Receiving a continued message of doubt or that their identity was authentic rendered some survivors ashamed, isolated, and questioning themselves.

I'm not sure how to put this. So the majority of positive sexual experiences that I've had since it happened have been with female bodied people. Not exclusively, but the majority. So I guess the outstanding question for me, is kind of whether or not the

experience would still kind of surface in a subtle way if I were to have another experience with a male bodied person, because it's been long enough? That I wonder if it would feel different, better... I also definitely wondered sometimes if I would have preferred male partners if I hadn't had this experience.

The experience of childhood sexual abuse left a number of survivors feeling "othered":

Regarding my sexuality, maybe this experience contributed to why I've not been interested or involved with cis men, but I don't know. But having this experience relates to my queerness in the way that I feel and always have felt "other" from the mainstream.

Both my identity as a survivor and as a queer person are pieces of that.

Inconsistent with other respondents, one survivor contemplated whether the "otherness" had been a cause or effect of the traumatic experience. "I finally ended up dating a woman, and my mom said "if that hadn't happened to you, maybe you wouldn't be gay", and I just said "if that hadn't happened to me, maybe I would have been gay sooner".

In the manner that they spoke about other aspects of their process and personal strength, resilience for multiple respondents came from accepting their sexuality, and saying "to hell with social expectation": "I was unsure of why I liked, or if I liked girls. But then I stopped caring if I was straight or not or why I was feeling this way and I was just like "this is who I like".

I hate that kink and fetish is so pathologized- "oh you're so sick because of what happened" but actually these types of interactions have been some of the most profound healing sexual experiences I've had. To feel empowered in sex? For those who were violated? That's *huge*.

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It's a really hard thing to think about, because really, obviously, there's just no way to know- there's a certain point when I'm just like "whatever". But I mean. So whenever I get into that circle of thinking, I just kind of think to myself "alright - I really have always been attracted to female bodied people, that's just how I feel. I really have always kind of been aware of it? And then so, I kind of just leave it at that, like, c'mon, I really have always kind of felt that way, and it didn't really materialize until high school, which just so happened to be shortly after that other experience, so like, when I think about it like that, I'm just like "y'know what? Fuck off".

Interview participants reflected significantly on the ways that their adverse childhood experience had impacted their sexuality, and its impacts on personal development. Most frequently expressed among participant reflections, was the sense of arriving at a place of understanding and acceptance.

Reflections

Participant reflections on other aspects of the event(s) and the journey towards healing, most frequently consisted of a similar sense of "landing". In some cases, the experience of doing the recovery work provided a sense of clarity and a restructuring of priorities:

I mean, definitely there was a lot of rumination that happened... just a lot of self-reflection, thinking about who I am and where I've been and where I want to go and who I want to be, and all of those things. And I feel like I came out of this healing process with a much greater sense of clarity on like ... who I am and what my values are, and what is important to me in life, and I think that that's also related to this like... seeking out of community and religion and family in that way.

For many survivors, the supports they discovered had been essential to their healing, but in more rare cases, they were still left feeling shamed by those around them: “My father and grandfather are doctors. So their response was kinda medical, like, “you really need to get that figured out- if you’re not able to orgasm after a certain amount of months of trying, you should go see someone””. By leaning on more affirming supports, the survivors were able to process the trauma. This journey allowed many survivors felt proud of their journey, and strengthened in their own identities, and their own sense of personal control. “It’s important for me to be true to myself and figure this out and go through whatever it takes to get there”. Another participant reflected on his own development of accountability:

I’m not happy that the abuse happened, but it happened, and it’s like- I’m proud of where I am in my life and what I’ve done with my life and all of that stuff. I’m not like “Oh my god - my life is ruined for the rest of time, because I was abused by my father”. No. You can blame ... I was able to blame my behaviors for a long time on that, and at some point in the last maybe... 6 years? I was like “I can no longer blame my behaviors on something that happened when I was a teenager. It’s just not acceptable anymore”.

In a number of interviews, survivors reflected a sense of validation. Finding this confirmation, allowed survivors to synthesize their past and shame-filled self with their current resilient and authentic self.

Thinking like, what would I have been like if this hadn’t happened? I was kind of feeling sorry for myself, but also loving myself, and appreciating that a lot of my growth, and a lot of the good person that I was, and that I am, y’know, that I was in the time of the therapy, y’know, just recognizing that, and noticing, y’know, these things aren’t separate.

In some cases, the recovery work seemed to shed light on the event for the survivor. Uncommon among “enlightened” reflections, was a continuation of holding on to personal accountability for the event itself: “A couple of turning points there were just kind of realizing boundaries and how I had trouble setting them up. And just some thinking that my experience probably had something to do with that”. While the occasional respondent voiced continued feelings of shame and personal fault, most of the study participants found comfort and resolution, as a result of the supports and interventions that had been implemented.

Effective Interventions

With an exploration of survivors’ experiences, this study aimed to identify experiences, interventions, and factors that promoted resilience. This chapter presented the various supports, experiences, and persons that were identified by the responding survivors as factors that facilitated their healing, as well as a number of the negative factors and experiences that challenged them. For some of the interview participants, there was no specific set of interventions, and for others, the initial interventions proved to be ineffective. Due to the fact that each person has an individual set of experiences, identities, and perspectives, interventions that therapists may choose to employ initially are not consistently effective for particular people; finding an effective intervention takes time and commitment. The survivors interviewed in this study, followed unique pathways to healing, allowing them to achieve a sense of resilience. Other than the people and experiences that the respondents felt had contributed to their resilience, the interviews conducted for this study revealed a number of particular interventions that proved to be effective for the survivors who utilized them. Unique, among respondents, was a specific therapeutic intervention; one respondent identified the impact of EMDR on their recovery:

We started using EMDR to flesh out some of the memories, and to give me a full and complete picture of what had gone on. Until that time, I could count on one hand the number of memories I had from before I was 8, when the abuse stopped. As EMDR therapy progressed, I started to feel safe, even when thinking about the worst of it? I was mostly calm and after about six months, I did feel the self-efficacy that you mentioned. The flashbacks were reducing in frequency and intensity, and I was able to approach life in general, much more effectively. I definitely felt connected with her, and around that six month mark, I started having hope that I might come out the other end of it. When I didn't feel those things was about from 15 or so, until 22, when the flashbacks really controlled my life.

A more commonly identified intervention, though still not voiced by the majority of respondents, was a restructuring of the survivor's mentality:

I learned a lot about boundaries, like, what's a healthy boundary versus how to know it's abuse, and I kind of went over my past and realized I had been groomed a lot? And that throughout my life I had multiple experiences of sexual assault and sexual harassment, that kind of thing. And I thought it was something wrong with me, and then when I was in treatment, they were like "No. Predators have prey. You have trauma so young, I'm not sure that - and you have so much shame about it, you don't know when someone is being appropriate with you, or inappropriate with you, because so many people have been inappropriate with you".

While some of the restructured internal conceptualizations involved understanding themselves differently, and with more compassion, some of these re-conceptualizations required actively engaging with themselves compassionately, and practicing interventions with themselves:

I had a therapist who said, this is kind of weird, but you almost have to be your own mother, because your mother is not able to do that. And she was just like imagine yourself as a child, how would you take care of her? Take care of yourself that way. I started doing little things that I would do for my own child, like, okay - you're having a bad day? Why don't you settle in bed and watch a movie, and I take care of myself that way, the way that I would take care of one of my clients. I think that's most of it.

Most common among interventions specifically identified by survivors interviewed for this study, were particular exercises that profoundly impacted them, allowed them to engage and/or distance from the trauma and/or perpetrator, and find an element of connectedness with other survivors, or with themselves.

One exercise that stuck with me, and that was the open chair exercise, where you talk to somebody who's not there? So like, I remember doing that, and having a conversation with [my perpetrator]. That was literally the only intervention I remember from any of the treatment, so that one seems pretty powerful to me. And that's again the element of pretending - to help confront.

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They brought the people that were fucked up in high school and brought them to this seminary where we did healing activities and stuff, and so I feel like from there people who I never interacted with before were really nice to me, and it was like, "okay, I have hope that I can, despite my struggles, make normal friends" so I think that experience helped: There was this one exercise there where you write the name of the person that harmed you the most in sand, and then you erased it. And I tried, and I couldn't erase my father's name. But the chaplain was like "it's a step", and I was like "cool - I don't have

to be there yet” - It was comforting to know that healing is a process, and it was nice to be around other people that were vulnerable but not in a “you’re crazy” way like the hospitals were, but more “you’re struggling”.

Hearing the message that it was a process, that it was individual, and that it was okay to be struggling, was incredibly validating for many survivors.

Messages

Wishing that they had received more acceptance and compassion during their own experience, and as they engaged in their own work, interview respondents were enthusiastic and hopeful at the end of their interviews, offering messages to other survivors. “It’s important for survivors to push themselves to self-advocate, because other people aren’t doing it for you”. One theme among these messages was to hold onto the individuality of their experience, and to engage in self-advocacy:

[Don’t] let anybody pigeonhole you, because everybody’s experience is different - everyone reacts differently to it. So your responses and your current condition are entirely individual, and that’s completely fine. Just be ready to advocate for yourself if anyone in the treatment industry tries to lump you together with other people, and assume that they know your experience when they don’t. Because that, in my experience, is a kind of a common pitfall of providers, and the best way to get the best help for people is really to advocate for their own experience.

The most common messages conveyed the ongoing nature of recovery, and the importance of practicing offering compassion to oneself: “It’s definitely never your fault, and it never was your fault. And forgiveness doesn’t happen overnight - it takes a lot longer, than people I think

realize, so give yourself some time”. The need for self-acceptance and self-love was echoed by several participants:

It’s important to keep in mind that there can be a lot of shame, but that we’re not all good or all bad. We have shadows, and it’s okay to not always feel strong. Some people do fucked up things. It’s okay to grow from that, and not feel shame. It’s okay to love all the pieces of yourself, even the ones that aren’t easy to love and accept.

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I can’t say “yes- go forward, tell stories”, because I didn’t do that. I know how hard that is. But y’know, anyone who - like I said, I wish I did do that. ... But again I can’t - the decision I made is the decision I made and I can’t let myself - I can’t let my own self-image be defined by that and yeah, I won’t let it define me, and I hope that anyone who has had similar experiences will come to the same conclusion.

Another common theme among the survivors’ messages to other survivors, was an element of encouragement – solidarity, strengthening, and a strong sense of faith and hope:

It’s a huge unfortunate learning experience. You can grow from it. It’s not just a hurdle and then you get over it and then life goes on. No, it’s a hurdle and then you get over it, and then you incorporate it and you grow from it and you are stronger from it.

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One of the things I’ve always liked to hear is “you survived the abuse, you’re going to survive the recovery” Because I’ve always carried this - it’s not something that’s ever over. But the abuse is over, the effects aren’t, but they’re like - aftershock. Like, you’ve made it through the first thing, you’re gonna make it through the next thing ... I want to

spare other survivors the work and whatever they're going through now, and just let them have the ending, because the ending can seem unfathomable at times, but it's here.

The resilient respondents wanted to encourage others to find recovery, and identified the underlying refrain of their own experiences and ability to achieve resilience: this is hard, this will be a challenge, but you will take it on, and you will succeed; things will get better, and while the traumatic experience was not something positive, you have survived, and you are stronger for it. The complete and original participant messages to [other] survivors can be viewed in Appendix F: Messages to Survivors from Participants.

Summary

After conducting eleven interviews with self-identified resilient survivors of childhood sexual abuse, it continued to be clear that the healing process is very individual. There were, however, a number of themes present among the specific supports and interventions the respondents identified as factors that had promoted their own sense(s) of resilience. Most commonly, having a strong connection with other people, whether individual persons (i.e. a therapist, a friend, supportive family members, a trusted teacher, a partner, etc.) or communities—finding solidarity with other survivors, or just finding connection and a stronger sense of individual personhood within the context of something larger (i.e. LGBTQIA community, religious community, artistic community, political community, etc.), allowed survivors to avoid feeling alone or “bad” and “intolerable”. Engaging interpersonally, and often even therapeutically, allowed individuals to rediscover themselves, and make peace with themselves, in spite of what had happened to them. Shifting the ways they conceptualized themselves, the event, and what could qualify as abuse often served survivors as an incredibly validating

experience that allowed them to minimize their own sense of guilt and shame, and begin engaging in their own healing, and moving towards recovery.

Artistic outlets (i.e. music, literature, dancing, pottery, painting/drawing, theatre, etc.)- whether serving as a way to foster interpersonal connection, find solidarity, decompress, self-express, or escape from reality- were frequently named by interview participants as significant factors that had promoted their resiliency. Additional experiences of acting, included in particular therapeutically implemented interventions, had been beneficial to interview respondents. EMDR, was one therapeutic approach that a survivor specifically identified as the factor that had changed everything, but was only identified by one of the eleven participants in this study. Resilience and recovery was also commonly attributed to experiences including physical experience (i.e. positive sexual encounters, dance, working out, etc.) and emotional experience (i.e. romantic connection, making sense of the abuse, confronting the perpetrator, helping others, etc.). Most significantly, resilience came from a series of emotional experiences, interpersonal connections, reconnecting with oneself, and shifting perspective, about oneself, and the event itself. Being able to find strength in oneself, in conjunction with others, or while engaging in a particular activity, survivors were able to find a sense of strength, whether in all contexts, or only one, and reconnect with themselves, in a way that allowed them to connect to their whole self- past, present, and future, without being defined by the negative components of their pasts.

In the following chapter, I will provide my perspectives on the various responses collected through the interviews, and the ways that the various factors identified in the interviews align with and deviate from the data that had been collected and presented in previously published studies on the topic of resilience and CSA survivor recovery.

CHAPTER V

Discussion

The objective of this qualitative study was to explore the various factors that have promoted resiliency for survivors of childhood sexual assault. After the interviews with the self-selected participants were completed, the dialogue was transcribed and analyzed for themes that were present in multiple interviews. As more similarities arose between the various narratives, it became significant that these particular factors were relevant to the healing and recovery process, and symbolic of a pattern. The experiences and supports that came up in multiple interviews, have been identified, for the purpose of this study, as factors that support survivors and promote resiliency. In this chapter, the key findings will be presented, followed by my experience of the interviews, and the findings, in particular. In the second part of this chapter, the findings from the research conducted for this study will be measured against the factors and supports that had previously been identified for promoting resilience in the literature. In the next section, this chapter will lay out the implications of this study for both the field of social work, and future research in this area - with particular consideration of the limitations and bias of this study. This chapter will conclude with a summary of the pre-existing knowledge on this topic, the need for this research and its implications, and the findings produced from the interviews conducted for this study. As more interviews were completed, it became clear that each individual's set of circumstances impacted them uniquely, and the supports and experiences that facilitated their healing were as individualized as the abuse they experienced, and the journeys of healing they embarked on.

Key Findings

Each survivor provided accounts of their personal paths to healing, and specified particular supports that were limited to their experience, and not reiterated by other study participants. A few particular categories of support persons, such as therapists, friends, and partners, were common among respondents, however, most of the factors, practices, and experiences identified in the survivors' interviews were unrepeated. Although the supports identified by survivors were isolated to each individual, there were some overarching categories that repeated themselves across respondents, presenting patterns of supports that are more likely to be effective for other survivors in promoting resilience. Experiences most commonly referenced, were ones that allowed the survivors to: reframe through comparison, conceptualization, or meaning making; find purpose by developing a sense of agency, personal identity, or passion; find empathy, compassion, and love for themselves; expand their understanding: of their triggers, of the effects (of the abuse), or of the definition of sexual abuse; or to find personal strength through making choices and taking control, achievement, and confrontations of their perpetrators. The factors and supports most commonly referenced were those that allowed the survivors to: feel connected, seen, and loved; self-express; escape; and to give back.

Perceptions

What struck me most from the survivors' narratives, other than the blatant diversity and particularity of the supports that were identified, were the practices that were named, that I had never considered as therapeutically beneficial. While creative art have been evidenced to provide healing for individuals, I previously had a limited scope of what "healing art" included. While some of the survivors interviewed reflected on the positive impacts of doing pottery or ceramics,

and visual arts (drawing, painting, poetry and other writing etc.), I was surprised to hear performance arts repeated as such a strengthening factor. Dance allowed one survivor to self-express and externalize internal anguish, which was reiterated by another survivor who referred to her involvement in the punk scene - which she identified as crucial in managing her angst. This was striking as a non-traditional support, but seemed much more sensible within the context of the other forms of self-expression acknowledged by interview respondents. Most unexpected, were the designations that theater elicited healing, and that sex (positive and consensual experiences) allowed self-expression. Theater, served as an especially unique support, identified by one client as an opportunity not only to self-express and be seen by performing, and in his case, writing a play (which he then performed) about his traumatic history, but also to escape. By embodying the persona of a scripted character, the survivor who spoke about theater was able to feel free from his own life and the internal devastation that accompanied it.

Internal experiences- shifting perspective, and finding clarity about the event, the aftermath, and even assigning meaning- were just as significant, but much less surprising contributions to survivor healing. For a number of respondents, expanding their own definitions of sexual assault and putting a label of abuse and trauma on their experience was rattling. This reconceptualization started a journey for many survivors - beginning with a lot of pain and revisiting, followed by experiences of validation, acceptance, and forgiveness, ultimately leading to a discovery of hope and strength. To muddle through the questions and answer how they were at fault, why it had happened, why it was bad, how it had happened, and how it had changed their lives, fed the survivors with strength. Making meaning allowed resolution, and understanding - which was comforting, but also may have allowed survivors to feel that the incident(s) had been in some way(s) simply fate. Identifying *why*, sometimes could provide

survivors with freedom from their own guilt, but in some cases - left them feeling specifically guilty - “I had poor boundaries”. Even feeling continued or increased guilt was an experience that promoted resilience, because it was able to provide an entry-point for intervention. In the cases where survivors found answers that relieved them of responsibility, it seemed that they found space to grow compassion towards themselves. By removing the cloud of “fault”, it seemed as though clients were left with a new sense of clarity, allowing them to make connections, not only about how the event took place, but how their development, and current identity or practices had been impacted by their childhood trauma. Again, for many of the respondents, it felt as if having this internal experience and shifting their conceptualization of the event and its impacts led to increased self-compassion, and the implementation of interventions to begin the healing process.

Considering specific interventions that interview participants identified, there was minimal repetition. While EMDR was referenced by one survivor as an effective intervention, a few interviews identified particular exercises that had been useful for them, that might be considered “psychodrama” interventions. In particular, one survivor had spoken about an program-led intervention, where he had spoken to an empty chair, as if he had been confronting his father (his abuser) and the power of that practice. By engaging in this conversation, and simulating a conversation exhibiting strength, a survivor could feel stronger. This feeling would explain why several of the respondents reflected about their experiences of confronting their perpetrators and feeling strong. Alternatively, there were a number of respondents that spoke about forgiving their perpetrators. It seemed as though whether confronting or forgiving, finding peace and a sense of closure surrounding the relationship with their perpetrator was hugely poignant in survivors’ acceptance of their histories, and of themselves. Without having a strong

sense of self, resilience could not be a feasible outcome, and therefore finding closure or making peace effectively served as the turning point for a number of the survivors. Finding peace or closure was not limited to interacting with (confronting, forgiving, etc.) the perpetrator, but also included redefining the incident, making sense of the incident, recognizing the impact of trauma on their development and life experience, and self-acceptance.

Self-acceptance requires that an individual acknowledge *all* of their parts, and *accept* all of their parts. For several survivors - it seemed that accepting what had happened to their childhood selves was immensely challenging in itself. To accept this part of their history could feel shameful and consuming; resilience came for those who had the “aha” moment of discovering, and those who worked until they were able to believe that these experiences did not define their personhood. Accepting themselves, forgiving themselves, and by extension- feeling connected to themselves, and *having* a sense of self, was paramount to facilitating resilience. By having a sense of self, the individuals could heal, overcome, and continue living- redefining and developing themselves further. With the opportunity to self-define, reprioritize, and take back control of themselves, the respondents not only defined themselves internally, but developed a sense of self within different contexts. Survivors were able to define themselves within a context because of their resilient self-concepts in some cases, but it was even more common for the participants of this study to find strength and feel hopeful as a result of experiencing themselves positively within a certain context. For a number of respondents, the context of a positive relationship - or even positive sexual experience- was incredibly affirming and encouraging. In the case of one survivor interviewed, by reprioritizing, and becoming part of her religious community, and becoming more devoted to her spirituality, she was able to feel valuable. For several respondents who confirmed experiencing a sense of self-efficacy, their self-concept was

heavily tied up with internalized ideas of “success” - what they had achieved academically, professionally, and even socially.

For many survivors, achievement and internal perceptions of success yielded to be incredibly strengthening. By dissolving their own sense of shame and fault, placing blame on the perpetrator, and relieving themselves of responsibility, survivors felt empowered to implement boundaries, and felt that they had regained a sense of control. Academic triumph served as evidence that they were good, capable and worthy; similarly, professional development and achievements provided many survivors with strengthened self-image. Clinical professionalism was particularly significant for a surprising majority of the respondents in this study, who reflected that their experiences helping others had been crucial to their personal journey toward healing. A number of interview participants specifically referred to their work with other survivors, and in one case, with a perpetrator. In their roles as helping professionals, these eternally recovering individuals had an opportunity to prevent repetition and assist their clients' processes, but also stood in a position that simultaneously suggested evidence of resilience, required the ability to withstand the narratives of others, and was perceived as wise and strong. The sense of strength came, perhaps, from strengthening others, and feeling responsible and accountable, or even perhaps from feeling that their role as a clinician was proof of their internal strength. The possibilities are expansive, and by conducting this study with a limited sample, the findings were only able to offer a snapshot of the range of strengthening and healing factors that elevate survivors of childhood sexual abuse to a place of resilience. Determining [more] universal experiences and promoting factors requires not only conducting research of a wider scope, accounting for multiple aspects of variability, but the consideration of prior research and the wealth of conclusions put forward by the pre-existing literature.

Linking to the Literature

Although there was significant crossover of survivor-identified supports and healing experiences with the supports and experiences presented in the literature, there were several unique and profound influences that were described throughout the interview process. To compare the results of this study with the conclusions of pre-existing literature is heavily unyielding, if only due to the statistics of the sample in this study. In this study, where only one survivor described himself as both biologically and socially male, one survivor self-identified as a transgender male, and four survivors self-identified as gender nonconforming (with identities of: genderqueer, genderfluid, and two spirit) - three of whom were assigned female at birth, and presented [more] femme more frequently. This sample, therefore, was unable to confirm or disprove the frequency with which children experience CSA based on their gender. The aspect of gender [identity] that was interesting, however, was with respect to the age of abuse.

According to the literature, men more commonly experience CSA between the ages of 13 and 16, while women more often have experienced CSA prior to the age of 13 (Hopper, 2015; Walker et al., 2012). Among the respondents of this study, the one survivor who self-identified as a cisgender male reported that the event had taken place around the age of 13; two additional respondents who self-identified as cisgender females, reported that the event(s) had occurred after age 10. Of the three respondents who experienced CSA between the ages of 7 and 10, one self-identified as a male of trans experience, and the other two self-identified as [cisgender] female. One respondent, self-identifying as transgender and genderfluid, reported the onset of the abuse was prior to the age of 5. Experiences of CSA between the ages of 5 and 7 were reported by four of the respondents - three of whom self-identify as gender non-conforming. These statistics are particularly interesting, in consideration of the conclusions presented in Chertoff's

(2009) case analysis. Chertoff (2009) writes about a client who at age three was struggling with developmental tasks traditionally mastered by this age, including a [secure] valued self- and body image, and a consolidated gender identity; he posited that the child's experience of trauma intensified [the client's] fantasies and feelings, and further impeded the child's development and identity (Chertoff, 2009). She remarks that gender identity is an element in the foundation of a coherent sense of self involving the formation of healthy attachments, including self- and object representations, self and object constancy, and secure attachment, and the capacity for mentalization. She denotes that core gender identity is usually established by 15 to 18 months; desire for the genitals of the opposite sex, and anxieties about losing one's own genitals are common for children between ages one and a half and three and a half, but conventionally dwindle through development (Chertoff, 2009; Olesker, 1988). Trauma compromising a child's capacity to distinguish fantasy from truth, she states, keep the aforementioned anxieties active and prone to recur (Chertoff, 2009). The research of Coates and Wolfe (1995) surrounding gender identity disorder contends that experience[s] of trauma during the critical period for gender identity formation plays a particularly important role in gender identity conflicts (Chertoff, 2009). Whereas the one respondent in this study who suffered sexual trauma during the pre-oedipal phase of psychosocial development (with an onset of age 2) identifies as "transgender genderfluid asexual aromantic", and the three remaining respondents who self-identify as [a variation of] gender nonconforming were victimized during the oedipal phase of psychosocial development (abuse occurring between ages 5 and 7), one might posit that Coates and Wolfe's (1995) research had been visionary, as it seems from the small sample of this study that: experiences of sexual trauma prior to the age of latency has a strong correlation with gender identity conflict[s]. This is particularly interesting because although the remainder of the

survivors interviewed for this study (including one self-identified transgender male) had worked through uncertainties regarding their sexual orientation during their continued development, they all felt very concrete in a male or female gender identity; the gender-binary conforming participants (save for one cisgender female) had not experienced CSA until after the onset of the latency phase. This correlation, while potentially implicating the predisposition for pre-latent abuse victims to subvert gender conforming identities, does not provide any evidence of causation, nor does it suggest the proportional likelihood for a gender nonconforming individual to experience abuse at a particular age interval.

The results of this study are not necessarily conclusive, though various statistics and strengthening factors echoed underlying connotations of previous literature and research. Within this study's sample, the majority of the survivors' perpetrators were individuals that the child (or family) knew, and a surprisingly high percentage of the survivors disclosed that they had not believed themselves to be victims of abuse, either because of the familiarity, or because of the belief that CSA must be perpetrated by an adult, despite child-to-child experiences resulting in similar long-term [post-traumatic] effects (Browne and Finkelhor, 1986; Hopper, 2015; RAINN). Regardless of the perpetrator's identity, the survivors predominantly experienced lasting effects on their sense of self, and a sense of having control over their own body. Many survivors were left with internalized feelings of inferiority, mistrust, shame, guilt, confusion, isolation (McElheran et al., 2012; Walker et al., 2012), often affecting their views on sexuality (Hellmich, 1995; McCann et al., 1988) and preference in partner or sexual activity (Hall, 2008), as well as the ability to achieve [emotional] pleasure or satisfaction from sexual engagement (Hills et al., 2000; Phillips et al., 2004). In this study, while one interview participant expressed having physical difficulty in experiencing satisfaction during sex, most respondents who identified

complications with sexual engagement reflected their emotional experiences of discomfort. With the exception of the one respondent who self-identifies as asexual and aromantic, all those who were interviewed for this study expressed that they now held incredibly positive views of sex and sexuality. For many of the queer [and even gender nonconforming] identified participants, there was a sense of pride around their identity, though it seemed to also be imbued with questions about the possible correlation of their abuse and their “deviant” sexual preferences. Negative sexual experiences and/or negative feelings about sexuality and self-image in adulthood (Finkelhor and Browne, 1985; Hall, 2008; Meston, 2000; Wenninger and Heiman, 1998) were commonly identified by participants as an obstacle they had overcome. These negative feelings and experiences were both a result and determinant of difficulty developing trust for different respondents (Grotberg, 2003; Hellmich, 1995), and further complicated the ability to develop a healthy and normal identity, or to develop interpersonal relationships (Browne and Finkelhor, 1986; Shrier et al., 2007; Walker et al., 2012) and in turn, heightened their risk for future incidents of abuse and assault, as evidenced by the interviews, wherein 7 of the 11 subjects disclosed that they had been victims of abuse later in life (Colangelo et al., 2012; Hall, 2008; McElheran et al., 2012; Walker et al., 2012).

Experiencing repeated episodes of abuse, the survivors were in some cases triggered or re-traumatized and unable to progress with their recovery. Conversely, for several respondents, the earlier experiences of CSA left them feeling more prepared to cope, markedly, those who had engaged in emotional numbing or dissociation as a means of self-protection; dissociation has been identified by other researchers as an adaptive function (Briere, 1996; Hellmich, 1995; Shrier et al., 2007). In spite of these tendencies, the ability to develop and participate in functional relationships was not impossible (Hellmich, 1995). Persistently, survivors held onto

perceptions of themselves as flawed, damaged, and abnormal (Hall, 2008)- causing immense anxieties to be overcome, but by exploring new life possibilities, forming meaningful interpersonal relationships, gaining appreciation for life, developing spirituality, and developing sexual preferences and a sense of self-identity, the survivors prevailed, and demonstrated significant posttraumatic growth (Calhoun and Tedeschi, 2006; McElheran et al., 2012).

Demonstration of posttraumatic growth did not verify that each survivor had felt traumatized; Hall (2008) points out that not all those who have experienced CSA are traumatized, exemplified by: one survivor who felt that the experience had not greatly impacted his life- particularly in comparison to his time serving in Afghanistan, and one survivor who shared that the processes of disclosure, resolution-oriented action, loss of the connection with the perpetrator, attention, relocation, and recognition of “why it was bad”, had been much more traumatic than the abuse itself. Resilience, does not by nature, exclude experiences of difficulty or distress (Grotberg, 2003), which was echoed by many respondents, in their reflections on the harder times of their journeys, and the triggers they continue to face. As noted by Richman (2014), survivors are often both damaged and resilient, depending on the circumstances. At times the “zest for living prevails” - like the survivors in this study who spoke about their hope and ambition “I hope that my life is going to be ... amazing, and that I’m going to raise a beautiful family, and ... I hope will result in a lot more happiness”- and at other times, there is overwhelming despair and hopelessness (Richman, 2014): “holy fucking shit- I’m going to be here *forever*”.

Resilience of course looks different for everyone and comes easier for some than others, based on experiences and supports prior to and following the event, including the implementation of interventions and intersections of identity. Part of the individuality of

resilience is related to the fact that there is neither a universally accepted definition of resiliency, nor a universal measurement for assessing it - which has also left gaps in the research, by virtue of each researcher operating under a different conceptualization of the term. Study participants each provided their own definitions of resilience, replete with variance, but several definitions touched on the most frequent translations: the capacity to learn from or be transformed by adversities of life (Grotberg, 2003), to spring or bounce back, recover [quickly] from difficulties, and/or adjust [easily] to misfortune or change (as defined in the Oxford and Merriam Webster dictionaries). Although the participants in this study did not often specify their recoveries as *quick* or *easy*, they each illustrated processes of adjustment, transformation, rebounding, and growth.

The avenues through which the respondents achieved resilience resonated strongly with the experiences and supports outlined in the literature, though there were also several survivor-identified factors that were altogether absent from the literature. The interviews presented a variety of factors as *critical* and others that had *assisted* in promoting resilience.

Critical to nurturing recovery, as suggested by the respondents' narratives, was the presence of perspectives, comforts, and experiences including: meaning-making (Anderson and Hiersteiner, 2008), perceived safety (Hobfoll et al., 2007), supportive relationships (Anderson and Hiersteiner; Bryant and Nickerson, 2014; Feeny and Zoellner, 2014; Hobfoll et al., 2007), agency and control (Feinauer and Stuart, n.d.; Valentine and Feinauer, 1993), connectedness (to: others, community, a higher power, history/tradition, one's own history, one's self (and one's body)), dreams and ambitions (Brown, 2010; Bryant and Nickerson, 2014; Grotberg, 2003), and feelings of hope (Brown, 2010; Hobfoll et al., 2007). One could interpret that meaning-making is so crucial because it offers the survivor freedom from their constant sense of fear and danger, in

anticipation of the unknown, as supported by research concluding that survivors experiencing continued threat to their safety display higher frequencies of posttraumatic symptoms (Bryant and Nickerson, 2014), and the need to feel safety itself, in order to present with positive outcomes. Supportive relationships of all varieties (Pratchett and Yehuda, 2014) were not only one of the more common factors that had been continuously identified by the majority of the respondents, but the element that was most commonly identified and reiterated in the literature.

Identified by the participants of this study, *useful* factors in enhancing recovery and resilience included: personal responsibility (Grotberg, 2003), the presence of positive role models (Bryant and Nickerson, 2014; Grotberg, 2003), spirituality (Valentine and Feinauer, 1993), impulse management (Bryant and Nickerson, 2014; Feeny and Zoellner, 2014; Grotberg, 2003), the use of humor (Grotberg, 2003), and the ability to accept and reach out for help (Grotberg, 2003; McElheran, 2012; Shrier et al., 2007; Walker et al., 2012). Some of the respondents identified contradictory perspectives: there was a representation of both positive and negative experiences of therapy (Allnock et al., 2015) and institutionalization, as well as survivors who had found healing through confronting their perpetrators, and others who had forgiven their perpetrators.

Inevitable in a personal narrative-based qualitative study, is a combination of congruency and incongruency with the literature. Having identified the similarities between the results of the interviews and the previously identified statistics and supportive factors, this section will next address the areas where the 11 respondents of this study diverged from previous knowledge regarding CSA recovery. In pertinence to the statistic conjectures, there were numerous discrepancies, beginning with the supposition that memory was likely to be lost or bear no conscious effect on a survivor who had been abused at a younger age by a perpetrator who was

closer to them (Hopper, 2015; Loftus et al., 1994). It seemed from this sample that the individuals with earlier experiences of sexual abuse, as well as those who were related to their perpetrators, had been especially impacted by their experiences and had strong memories and flashbacks. Another discrepancy was that the survivors interviewed neither reported nor presented with any indication of thought disorders (Briere, 1996; Colangelo et al., 2012; Hall, 2008), promiscuous sexual behaviors- including multiple sexual partners, sexual addiction, earlier sexual activity, teenage pregnancy, and unprotected intercourse- academic and cognitive difficulties, or delinquent and aggressive behaviors as identified predictable outcomes in the literature (Browne and Finkelhor, 1986; Colangelo et al., 2012; Feiring et al., 1998; Hall, 2008; Hellmich, 1995; Kendall-Tackett et al., 1993; McElheran et al., 2012; Shrier et al., 2007; Walker et al., 2012). The dialectic within academia around the essence of resilience is the belief of triumph over devastation (Richman, 2014; Valent, 1998), but to have the complete absence of: low self-esteem, depressive symptoms (and diagnoses), interpersonal difficulties, relapse, sexual dysfunction, risky behaviors, or numbing behaviors (Brown, 2010; Jager and Carolan, 2009; Kia-Keating et al., 2010; Liem et al., 1997; Marriott et al., 2014) is nearly impossible, and is also unnecessary for the maintenance of resiliency, which is about strength, adaptability, and ability to function.

Additional aspects of survivor experience that were absent when reviewing the literature were the use of addiction to numb and dilute feelings of vulnerability or pain (Brown, 2010), the implementation and successful results of blanket interventions including Critical Incident Stress Debriefing (CISD), Cognitive Behavioral Therapy (CBT) and pharmacotherapies (SSRIs) (Bryant and Nickerson, 2014; Feeny and Zoellner, 2014). Respondent-identified supporting factors that were absent in the literature included working out, different contexts of art-

specifically theater and the punk scene, the queer community, and becoming a helping professional offering support to others.

Limitations and Bias

By conducting this study with a small sample, the findings are inherently limited and non-conclusive, particularly due to the incredibly individualized nature of the recovery process itself. Within a sample of only 11 participants, there was a surprisingly diverse representation of religious affiliations (Jewish, Wiccan, Quaker, [secular] Humanist, Atheist, non-affiliation), sexual orientations (straight, lesbian, queer, and asexual), and gender identities (male, female, transgender, and various gender nonconforming identities). The sample included very few cisgender males, however, as well as respondents within a limited age-range, an overwhelming majority of White/Caucasian respondents, and completely failed to address class identifications. Differences in experience based on the amount of time elapsed following the abuse were not addressed (though the differences in amounts of time elapsed was minimal by virtue of the individuals being only between the ages of 18-35), nor were the relative difference in experience regarding the relationship to the perpetrator (a relative, an authority figure, a peer, or a stranger), family structure, or geographic location explored in detail. Although the study requested participants who self-identified as LGBTQIA, a few respondents primarily identify as straight, and participated as allies. Three additional limitations that struck me as significant were: the failure to explore the presence and impacts of the survivors' remaining posttraumatic effects, the discounting of the inevitable shifts in resilience based on circumstance imminent by conducting interviews on only one occasion, and the absence of an accurate or consistent measurement for resilience.

The lack of measurement, directly relates to a particularly pertinent bias of this study: the respondents' "achievement of resilience" was evaluated entirely by the survivors themselves. By operating under a definition of self-identified resilience - and as noted in the findings, each survivor had their own definition *of* resilience- and reports of their strength and "rebound" from only their own perspective, the scope had the potential of being especially biased. The other substantial factors that had the potential to generate bias were in the methods of the study, including the instrument itself. By conducting interviews, rather than using an entirely anonymous survey, there was a potential for participants to modify their responses as a defensive or self-protective practice if they anticipated judgment, or were experiencing shame or vulnerability. Conversely, there could be more opportunity for a participant to reflect and modify their response in an online survey where they can view and edit what they have presented. In that vein, the use of an interview as the instrument could have discouraged survivors from participating, if in their potentially impaired capacity for trust they would prefer to remain anonymous. The method of recruitment also held the potential to originate bias; in choosing to advertise my call for participants within particular agencies, although reaching predominantly queer audiences, there is an increased likelihood for respondents to have similar life circumstances and/or experiences. Furthermore, by encouraging snowball sampling, I enhanced the likelihood of interviewing respondents who knew each other, immanently augmenting the probability of mutual experience and personal location.

Implications for Further Research

Considering the marked limitations and biases of this study, there are several different entry points manifest for further research. One implication for future research is the execution of a long-term study, involving the evaluation of the same participants several times over an

extended time, to account for the remaining posttraumatic effects (including the potential for late-onset symptoms), the inevitability of shifts in perspective, the fluidity of identity, and so on. In conjunction with an extended study to track the stability of a survivor's resilience over time, a gap for future research is to assess [the] survivors' resilience from multiple perspectives - data could be collected from not just survivors, but their therapists, parents, partners, etc.

To provide more of a basis for comparison of the effectiveness of each factor for different categories of persons, larger sample sizes could elicit results of more specific interventions to implement based on a survivor's: birth order, pre-existing factors, family makeup, racial identity, socioeconomic status, age, geographic location, relationship to their perpetrator, etc. By conducting a study with [more] constants (i.e. race, class, gender, age, geography, etc.) across the sample, variance in the data would more coherently suggest specific differences of experience relative to particular aspects of diversity. Consequently, there is a gap in the research regarding the relative effectiveness of the various support factors identified (both in this study, and the pre-existing literature). By having a group of "non-resilient" survivors experiment with the same set of interventions (including the presence of particular supports), and monitoring the results, as well as requiring the survivors to evaluate the interventions both immediately and in the distant future, there would be evidence pointing to specific factors and interventions that are most likely to be most universally effective, as well as most effective for different circumstances.

Implications for Social Work

By studying the personal accounts of survivors who presently identify as resilient, clinicians can not only instill their [suffering] abused clients with a sense of hope, but refer back to a repertoire of strategies that have already been identified as effective in the promotion of posttraumatic resilience. Without a point of entry, particularly when a client presents with a

sense of hopelessness, progress can feel impossible, and the clinician may experience a countertransferential process, resulting in their own feeling of hopelessness. With these strategies, mental health professionals can implement interventions with, or recommend seeking out particular supports to their clients suffering from the negative outcomes of childhood sexual assault in order to promote healing and recovery. Furthermore, these strategies have the potential of being effective for clients recovering from other forms of trauma- and specifically adverse childhood experiences.

Conclusion

Despite the fact that there was a strong confluence among the supportive factors identified by the participants in this study and those in the literature concluded from prior research, the recovery process is incredibly individualized. There is no universal solution or intervention that will work for everyone, and there are undoubtedly several arenas wherein the research can be further expanded, however, there are certain types of support that seem to be more common and more effective for survivors of CSA, and by becoming with these strategies, survivors can find hope and seek out support(s), and helping professionals can find a starting point to promote resilience for their clients.

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APPENDIX A :

Call for Participants

Do you consider yourself to be resilient? Have you overcome some really hard things from your past and experienced healing to the point that you feel strong and capable? I am conducting a study as a part of my masters' thesis regarding the resources, factors, and supports that assist and facilitate recovery and resiliency for adult survivors of childhood sexual abuse (CSA). This study aims to gain insight from survivor narratives about their experiences of healing to provide a new perspective to the discourse around CSA. This study also can give survivors a sense of hope, as well as giving survivors and their helping professionals a way to approach treatment and engage in their own healing. This study will be comprised of data gathered from narrative interviews, which can be completed with your participation! Each participant will be asked to read and sign an informed consent document, and then coordinate with the researcher to set up a 45 minute interview. Eligible participants must be over 18 years of age, a resident of the US, open to being audio recorded, and maintaining a clear sense of sexual identity. In order to volunteer to participate, or to request more information, contact me, Halee Brown (the researcher) at hbrown@smith.edu - I'm looking forward to hearing from you and hearing your story of strength!

APPENDIX B:

HSR Application

2015-2016

Smith College School for Social Work
Human Subjects Review Application

Project title:

From Entrenched to Empowered: Factors Promoting Resiliency and Healing
for LGBTQIA Adult Survivors of Childhood Sexual Assault

Name of researcher: Halee Brown

Check one: MSW PhD

Mobile phone: xxx.xxx.xxxx Email: hbrown@smith.edu

Research advisor: Elaine Kersten

The signature below testifies that I, as the researcher, pledge to conform to the following: As one engaged in research utilizing human subjects, I acknowledge the rights and welfare of the participants involved. I acknowledge my responsibility as a researcher to secure the informed consent of the participants by explaining the procedures and by describing the risks and benefits of the study. I assure the Committee that all procedures performed under the study will be conducted in accordance with those federal regulations and Smith School for Social Work policies that govern research involving human subjects.

Any deviation from the study (e.g.: change in researcher, research methodology, participant recruitment procedures, data collection procedures, etc.) will be submitted to the Committee by submitting a Protocol Change Form for which you MUST receive approval *prior* to implementation. I agree to report all deviations to the study protocol or adverse events IMMEDIATELY to the Committee.

Researcher:

Halee Brown
(Typed name) (Signature) (Date)

Research Advisor/Committee Chair

Elaine Kersten
(Typed name) (Signature) (Date)

(For Committee Use)

REVIEW STATUS: Exempt Expedited Full Not Approved

This study protocol has been reviewed and approved by the Smith College School for Social Work Human Subjects Review Committee (HSRC).

Chair, Smith College SSW HSRC

Date

IN THE SECTIONS BELOW WHERE DESCRIPTIONS ARE REQUESTED, BE SURE TO PROVIDE SUFFICIENT DETAIL TO ENABLE THE COMMITTEE TO EVALUATE YOUR PROCEDURES AND RESPONSES.

1. DESCRIPTION OF RESEARCH PROJECT INVOLVING HUMAN PARTICIPANTS

As concluded in numerous studies of various types of trauma, experiencing or bearing witness to trauma, especially in early childhood, often has a negative impact on an individual's development. Specifically, much attention is paid in the literature to the long term negative consequences to women and others who have experienced the trauma of sexual assault (Browne and Finkelhor, 1986; Mennen and Meadow, 1995; Hillberg, Hamilton-Giachristis and Dixon, 2011; Ahmad, 2006; Tonge and King, 2004). With attention paid in the literature to the negative effects of sexual trauma, there appears to be less research regarding aspects of sexual assault recovery, during and after which some women experience a sense of resilience and find freedom and growth in spite of the trauma. As noted by Valentine and Feinauer (1993), there is a need to expand our understanding about the nature and characteristics of resiliency in women during their recovery post-assault. While the existing research is limited, some studies have been conducted in the area of post sexual assault trauma resiliency. Several studies have identified that among factors that contribute to this resiliency, emotional support outside of the family is essential to survivors who experience resiliency around their trauma. In reviewing the literature, a good number of studies about survivor resiliency have been conducted within religious communities. Results of these studies note that spirituality was another common factor for resilient female survivors.

Though study on resilience during the recovery process for childhood has begun, in reviewing sample descriptions across the studies, it also appears that samples do not include subjects from the Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual, + (LBGTQIA) community. More study is indicated about what contributes to LBGTQIA identified individuals achieving resiliency. This proposed

study will contribute to our understanding of factors related to their recovery as described by survivors within the Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual, + (LGBTQIA) community. This proposed Qualitative, interview based study aims to learn about resiliency during and after recovery from sexual assault from LGBTQIA survivors telling their stories about what helped them following the traumatic event that led to their ongoing recovery and strength. What I want to learn more about is what contributes to positive post trauma experiences.

According to Erikson (1968), adverse child experiences such as childhood sexual abuse may frustrate normal development. For a survivor of childhood sexual abuse, these events may minimize hope for positive and thorough development. However, research also shows that there can be influences that help avoid major and permanent damage for some survivors. I am interested in learning more about what contributes to a stable adult experience in which the survivor somehow overcomes the odds, gaining resiliency during the recovery period. Thus, to guide my study, the overarching research question asks: what experiences and supports appear to help survivors of childhood sexual assault achieve resiliency? By specifically analyzing the experiences and healing processes of CSA survivors, I hope to gain insight into this experience. For this study, resiliency will be defined as the process of adapting well in the face of trauma, threats, or significant sources of stress, and to “bounce back” from experiences of adversity (APA).

Though, as noted by Briere and other authors, lacking a clear sense of identity (Briere, 1996; Browne and Finkelhor, 1986; Courtois, 1988; Gelinias, 1983; Hellmich, 1995); negative sexual experiences and feelings about sexuality in adulthood (Browne et al., 1986; Colangelo et al., 2012; Courtois, 1988; Gelinias, 1983; Hall, 2008), as well as more episodes of dissociation are experiences often associated with some survivors, others seem to have escaped these after-effects.

Because there is the potential for risk in the study related to their recalling of their story, subjects will be guided to not discuss details of their childhood sexual assault experience. It is anticipated that the focus will be less sensitive in nature.

2. PARTICIPANTS:

a). How many participants will be involved in the study?

12-15 ≥ 50 Other

b). Participant eligibility requirements

The proposed study will utilize data collected in interviews conducted with volunteer, self-selected participants who have elected to talk about their recollections about their childhood recovery experience post-sexual assault and the various factors that contributed to their recovery and a sense of resiliency. Interview questions will focus on things in the lives of the participants that seem to have helped them recover and “bounce back”. This particular design is suited for the purposes of my study because my topic area has potential risk in terms of recalling difficult memories from an earlier time, and an interview setting can be supportive. Furthermore, I am interested in learning about individual experiences that may differ from current literature on this topic, and want to hear stories about experiences that may offer insights that survey designed studies cannot provide.

The proposed study sample will include 12-15 participants; eligible participants will be LGBTQIA identified individuals with a history of CSA (event prior to the age of 15) who are now adults (age 18+) who self identify as having gone through some healing and having achieved a sense of recovery / resiliency in spite of this trauma. Eligible participants will also identify as having positive adult sexual experience, and maintaining a positive attitude towards sexuality, or having a concrete sexual identity. This study will exclude individuals who are currently in active treatment for ongoing issues related to their childhood sexual trauma, or individuals who know the researcher. The study will require that participants not only be United States residents of adult age, be LGBTQIA identified, and have a sense of

resiliency, but that they consent to participating in the study, as well as to being audio recorded for transcription purposes that will facilitate reporting and data analysis.

c). Participant recruitment

Be specific: give step-by-step description. (Attach all flyers, letters, announcement, email messages etc. that will be used to recruit. ***Include the following statement on any/all recruitment materials/emails/postings, ect:*** This study protocol has been reviewed and approved by the Smith College School for Social Work Human Subjects Review Committee (HSRC).)

Recruitment will occur through flyers and advertisements at LGBTQIA- oriented resource centers (listed below) and online community forums, most of which have given permission to post on their sites (see Attachment A: Recruitment Posting Permissions). Participants will self select to be part of the study. Interested participants will email me at the contact information provided in the advertisement in order to request a consent form and set up a time to do an in-person or on-phone interview. By posting recruitment information for the study in online communities surrounding healing from trauma and/or sexuality, and in agencies that cater to survivors of trauma, as well as agencies and online forums that cater to LGBTQIA individuals, I hope that eligible subjects will volunteer to participate in the study interviews. Further, I hope that snowball sampling will occur by having interested subjects spread the word through their support networks to others who meet my posted inclusion criteria and may also wish to participate.

As a member of Queer Exchange, a community forum Facebook group in various cities, I have the ability to post advertising the study in Queer Exchange Boston, Western Mass, and Washington DC. Other online forums and communities that I will be recruiting in are: Pandora's Project and the Asexual Visibility and Education Network (AVEN). Feasibility is guaranteed because permission has been granted to advertise the study (see Attachment A: Recruitment Posting Permissions). Agencies and groups that cater to LGBTQIA populations in more direct ways have also granted permission to have the study

advertised within their newsletters and community updates. These agencies are: Brandeis University's Gender and Sexuality Center, the Sex and Sexuality Symposium Research Conference, and the Network for Victim Recovery of DC (NVRDC). Feasibility is also guaranteed for these agencies due to the fact that permission has been granted to advertise the study- see Attachment A: Recruitment Posting Permissions. The process for participant involvement begins when they read my recruitment advertisement, which will read:

Do you consider yourself to be resilient? Have you overcome some really hard things from your past and experienced healing to the point that you feel strong and capable? I am conducting a study as a part of my masters' thesis regarding the resources, factors, and supports that assist and facilitate recovery and resiliency for adult survivors of childhood sexual abuse (CSA). This study aims to gain insight from survivor narratives about their experiences of healing to provide a new perspective to the discourse around CSA. This study also can give survivors a sense of hope, as well as giving survivors and their helping professionals a way to approach treatment and engage in their own healing. This study will be comprised of data gathered from narrative interviews, which can be completed with your participation! Each participant will be asked to read and sign an informed consent document, and then coordinate with the researcher to set up a 45 minute interview. Eligible participants must be over 18 years of age, a resident of the US, open to being audio recorded, and maintaining a clear sense of sexual identity. In order to volunteer to participate, or to request more information, contact me, Halee Brown (the researcher) at hbrown@smith.edu - I'm looking forward to hearing from you and hearing your story of strength!

After reading the recruitment advertisement, participants will email me (the researcher) to volunteer (or ask questions). After an individual has implied they intend to participate, I will email them the informed consent document to read and sign, as we also designate a time for the interview. For participants who will be interviewed on the phone, their signed documents will be returned either in the

form of a scanned PDF, courier mail, or fax. For those who select courier mail, a stamped and addressed envelope will be provided. The participants will then meet with me (the researcher) at the agreed time, and participate in a narrative-based interview.

d). Element of coercion:

I will not interview individuals with whom I have a pre-existing relationship or familiarity. I will, however, be advertising in particular communities and agencies that I have connections to administrators in. I do not feel that this would appear as coercion, as they are agencies that I am no longer connected to, but that my pre-existing connections may facilitate an agreement to advertise the study. There should not be an element of pressure to participate in the study.

e). Are the study *target subjects* members of any of the following federally defined vulnerable populations?

Be aware that checking 'yes' ***automatically requires the HSR Full Review.***

Yes No

If 'Yes', check the group(s) all that apply in your study:

minors (under 18 years of age) Please indicate the approximate age range of minors to be involved. Participants under age 18 require participant assent AND written consent from the parent/legal guardian. Please use related forms.

prisoners

pregnant women

persons with physical disabilities

persons with diagnosed mental disabilities

economically disadvantaged

educationally disadvantaged

3. RESEARCH METHODS:

(Check which applies)

Interview, focus group, non-anonymous questionnaire

Anonymous questionnaire/survey

Observation of public behavior

Analysis of de-identified data collected elsewhere ('secondary data')

Where did these data come from originally?

Did this original research get IRB approval? ___ Yes ___ No
___ Other (describe)

Describe the nature of the interaction between you and the participants. Additionally, if applicable, include a description of the ways in which different subjects or groups of participants will receive different treatment (e.g., control group vs comparison group, etc.).

a). Please describe, with sufficient detail, the procedure/plan/research methodology to be followed in your research (e.g. this is a quantitative, survey based study; tell us what participants will do; etc).

Interview subjects will self-select to participate in a conversational interview where the researcher will gather qualitative data. The data collected will then be coded and measured with thematic analysis, in attempt to identify patterns that lend to experiences or supports that have been most effective in leading survivors of CSA to resilience, healing, and more positive outcomes.

This study consists of qualitative narrative based interviews; participants will answer and provide some basic demographic information to help account for differences across communities or particular experiences at the beginning of each interview. Participants will then share specifics about their support systems and self-care, self-image, and the journey towards healing and resilience post-assault, identifying and reflecting on factors that promoted recovery.

b). How many times will you meet/interact with participants?

The first contact with the participants will be when they contact me to express interest in participating in the study, and to request a consent form; at that time, I will also review inclusion criteria with the potential participant. The second contact will occur when I send the consent form and offer a time for the interview to take place. The third contact will take place upon confirmation of the interview time and the participant's submission of the informed consent form. The next time we will interact is that I will send the participants the interview guide prior to our meeting for the interview itself. The final contact will be an in-person or phone-based interview. both the Informed Consent and at the interview for support in the case that the interview (though focused on recovery and positive outcomes) serves as a trigger, and an option to connect with the researcher again to process their experience of the interview or the feelings they are dealing with post-interview. The interview will be the final contact.

c). How much total time will be required of each participant?

Due to the nature of qualitative interviews, the time elapsed in an interview will vary, but participants who elect to have an in-person or phone interview will be meeting for an average of 45 minutes, though if they choose to discontinue at any time, there is no commitment to keep going.

d). Where will the data collection occur (please provide sufficient detail)?

Data collection will occur in person or on the phone while the interview is taking place. The selected location for the interview will be one that assures privacy and is convenient to the participant. The data will physically be collected with audio recordings and/or written notes, taken during the interview itself.

e). The interviews will be conducted in conversational format, offering participants the opportunity to share a narrative of their experience post-trauma and the various elements that assisted in their journey to recovery, with consideration of particular supports and resources that they feel promoted their resilience. By keeping the interview qualitative and narrative based, there is space for nuance and unique experiences to be shared from each participant. In order to ensure that the same content areas are touched upon, for data comparison, there will be an interview guide. The guide will be distributed to all participants prior to their interview, outlining content areas that may be relevant to the discussion in order to help them feel prepared, and to keep the interview on track. These questions can be found in Attachment B: Interview Guide.

4. INFORMED CONSENT: (If you are only observing public behavior, SKIP to next section)

a). What categories of consent documentation will you be obtaining from your participants?
(Check all that apply)

- written participant consent
- written parent/guardian consent
- Child assent 14-17
- Child assent, assent 6-13
- Adult with guardian consent

b). Attach original consent documents. *note: be advised that, electronic signatures and faxed, signed consents ARE allowed. Please describe how you will gain consent.

Each self-selected participant will email the researcher to state their intention to participate, and will then receive a consent document outlining the process and the promise of confidentiality. This form will also allow the participants to indicate if they do or do not consent to being (audio) recorded. The participants will sign and return this form prior to participating in an interview. Resources will also be provided on the consent form. There will be two copies of

the form present for each participant: one that they may hold onto with information about the study and the resources that have been provided, and another copy for my records.

This form can be viewed in Attachment C: Informed Consent Document

5. COLLECTION /RETENTION OF INFORMATION:

a). With sufficient detail, describe the method(s) of recording participant responses (e.g., audiotape, videotape, written notes, surveys, etc.)

Participant responses will be recorded with written notes, as well as audio recording.

b). Research materials:

All research materials including recordings, transcriptions, analyses and consent/assent documents will be stored in a secure location for three years according to federal regulations. In the event that materials are needed beyond this period, they will be kept secured until no longer needed, and then destroyed. All electronically stored data will be password protected during the storage period.

c). Will the recordings of participant responses be coded for subsequent analysis?

Yes

No

6. CONFIDENTIALITY:

a). What assurances about maintaining privacy will be given to participants about the information collected?

1. Anonymity is assured (data cannot be linked to participant identities)

2. Confidentiality is assured (names and identifying information are protected, i.e., stored separately from data).

3. Neither anonymity nor confidentiality is assured

b). If you checked (2) above, describe methods to protect confidentiality with sufficient detail. Describe how you will maintain privacy of the participant as well as the data.

After the participant returns their consent form, the data collected will remain separate from any identifying information. Each participant will be assigned a pseudonym for tracking purposes, and all data will remain confidential and accessible only by the researcher. Audio recordings and written notes will be destroyed after the study, and any reporting of the data collected will be presented in a way that is disconnected from the participant and preserve confidentiality.

7. RISKS:

a). Could participation in this study cause participants to feel uncomfortable or distressed?

Yes

No

If yes, provide a detailed description of *what steps* you will take to protect them.

While the study focuses on factors promoting resilience, and therefore specifically centers on the experience of healing, recovery, and positive supports, the interview may bring up memories or details of the experienced childhood sexual assault. Talking about assault may lead to uncomfortable or troubling thoughts and memories. be triggering, and I am a student researcher, which may feel uncomfortable and impersonal to participants who do not feel familiar with me. Before each interview, participants will receive a copy of my interview guide, so that they may know what content areas I will be hoping to discuss, but the interview will be about their narrative, and they don't have to share anything they don't want to. Furthermore, if anything comes up, a list of local referred referral resources for support will be provided both when the consent to participate, and at the time of the interview itself. At the time that an individual conveys their intention to participate, they will also provide their geographic location, so that a list of local resources may be provided to them in the informed consent document they will be receiving. This list will also be part of the Informed Consent. (See Attachment D: Referral sources and contacts.)

b). Are there any other risks associated with participation (e.g. financial, social, legal, etc.)?

Yes

No

If yes, provide a detailed description of the measures you will take to mitigate these additional risks.

8. COMPENSATION: (If you are only observing public behavior, SKIP to the next section)

There is no compensation associated with this study.

9. BENEFITS:

a). Describe the potential benefits for you, the researcher, in conducting this study:

I am a survivor myself, and have been increasingly capable of adapting to adversity and functioning in the world. I can learn, on a personal level, about factors that have helped others. As a clinician, I also have the opportunity to consider the experiences of others as I work with clients who may be seeking paths towards healing. I also am able to hold a sense of hope for survivors, in a society where the only discourse refers to negative outcomes. I am also able to feel confident that I'm adding an alternate perspective to the primary representations of survivor outcomes. Specifically, that I am identifying factors within the experiences of LGBTQIA

identified individuals, who are even less frequently researched, and more frequently marginalized.

b). Describe the potential benefits for individuals who participate as subjects, EXCLUDING payment/gift compensations.

The benefits of participation are gaining insight, finding strength and pride in one's journey to resiliency, having an opportunity to talk about their experience and issues that are important to them, offering a sense of hope to other survivors, and offering approaches to treatment to helping professionals.

c). Describe the potential benefits to the field of clinical social work from this research?

The benefits to social work/society also include the addition of an opposing stance, that survivors might achieve more positive outcomes, survivors gaining a sense of hope, and professionals understanding various factors that have promoted healing, that they might be able to consider in their courses of treatment with other survivors.

10. FINAL APPLICATION ELEMENTS:

The data collected from this study will be used to complete my Master's in Social Work (MSW) Thesis. The results of the study may also be used in publications and presentations.

TRAINING: Include the following statement to describe training:

I have completed the Collaborative Institutional Training Initiative (CITI) on line training course prior to HSR approval. The certificate of completion is on file at the SSW and was completed within the past four years.

**APPENDIX B – ATTACHMENT A:
Recruitment Posting Permissions**

Posting is permitted on the facebook group forums as a member of Queer Exchange Western Mass, Queer Housing Washington DC, and Queer Exchange Boston.

Brandeis' Gender and Sexuality Center

Hi Hal!

I totally support this. I assume you have an IRB-approved flyer/recruitment blurb, right? if you send them to me, I can put a couple up around the GSC and ICC, plus on the GSC facebook page. I don't currently have a place for it on the website, so I can't put it on that. I will however send it out in my weekly email, but that won't go out until mid January next. What is your timeline for interviewing and recruitment?

Best,

Felix

Felix Tunador

he/him/his, they/them/theirs

Brandeis University

Program Coordinator for Sexuality and Gender Diversity

NVRDC (Network for Victim Recovery of DC)

Hi Halee!

We're happy to help. Let us know if you need anything from us to further the process.

Hope you're doing well!

Nikki Charles

Co-Executive Director of Therapeutic & Advocacy Services

Network for Victim Recovery of DC (NVRDC)

AVEN (Asexuality Visibility Education Network)

Hello Halee,

AVEN does have a format for requesting to advertise on our forums. Please refer to the [Rules for researchers and students](#) for more information before responding next.

Furthermore, please provide the following information to the best of your ability.

Primary Information:

Study Name: *From Entrenched to Empowered: Factors Promoting Resiliency and Healing for LGBTQIA Adult Survivors of Childhood Sexual Assault.*

Academic Institution/ Organization: *Smith College School for Social Work*

Consent Form: *Individuals responding to the recruitment flier will receive an email with an informed consent form to be returned to me (the researcher).*

Confidentiality: *Confidentiality is guaranteed for all participants, but they will not be anonymous, as they will be interacting directly with me (the researcher).*

Age of Majority (18; USA): *Yes*

Secondary Information:

Ethics Board Approval: *The Ethics Board approval is pending, but requires permissions from organizations in advance. After the study is approved, the letter of approval will be sent along with the recruitment flier to be posted in the AVEN forum.*

Hosted Off-Site (Skype Included): *Yes.*

Number of Questions: *The interviews will be qualitative and narrative based; each participant will receive an interview guide with content areas the study is focusing on, but the interview will be conversational and fluid.*

Information Storage: *All collected data will be destroyed within 3 years, and all data will be immediately de-identified.*

Research Description:

The proposed study will utilize data collected in interviews conducted with self-selected participants who have volunteered/elected to talk about their recollections about their childhood recovery experience post-sexual assault and the various factors that contributed to their recovery and a sense of resiliency. The interview will not focus on the traumatic events of the participants. Interview questions will focus on things in the lives of the participants that seem to have helped them recover and “bounce back”. This may include community, supportive individuals, interpersonal relationships, positive experiences, media influences, spirituality, positive sexuality, hobbies, etc.

Thank you very much,

Steph

Dedicated Research Contact

Pandora's Project

Dear Halee,

Thank you for your patience. We are staffed by volunteers who are all survivors, so while there are five of us who are moderators and who access this email regularly, our day jobs frequently become demanding and take considerable time.

Your premise about the research you propose does sound interesting and we do have a specific forum for LGBT members and as an international forum with over 85,000 member may have survivors who would opt in to respond to your research. Below is a copy of the research guidelines that you would need to respond to and the information you would need to provide so we could consider your research project fully.

Guidelines for Researchers, Journalists, and Authors

If you are a student or professional conducting research on sexual assault:

We recognize that there would not be the knowledge about sexual assault, its impact on survivors, and healing if survivors had not permitted themselves to be studied. We therefore welcome researchers at Pandora's Project. Our survivor community, Pandora's Aquarium, has a forum and special class of membership for research requests, and we have helped many students, professionals and organizations connect with survivors willing to participate in research. However, in the interest of our members' well-being, research requests need to be managed sensitively. Please do not join the community to post your request without contacting us with the following information:

- What area of sexual assault you are researching
- Your qualifications or field of study
- The types of questions that will be asked (please forward us any links or questionnaires)
- Whether members will remain anonymous
- Whether you have the backing of a college or organization (we appreciate a scan of your IRB approval letter)
- Whether you wish to join the community solely as a researcher or both survivor and researcher (the reason for this is that we have survivor-only forums that researcher members cannot access)

We would post your research announcement in our Research forum and ask you to let us know when you had sufficient respondents so we could then terminate the announcement. Once we have the information in the list above we can consider your research request and then let you know.

Respectfully,

Patricia, Board Moderator

Pandora's Aquarium

**APPENDIX B- ATTACHMENT B:
Interview Guide**

“Tell me in your own words what made it work for you”

“What were some things that really contributed to your positive experience today”

“From your perspective, were there specific things that felt particularly helpful?”

“Can you remember a turning point where things started feeling better and you felt more of a sense of hope?”

“Were there specific people that you felt especially supported by or inspired by?”

**APPENDIX B- ATTACHMENT C:
Informed Consent Form**



**2015-2016
Consent to Participate in a Research Study
Smith College School for Social Work • Northampton, MA**

.....
**Title of Study: From Entrenched to Empowered: Factors Promoting Resiliency and Healing for
LGBTQIA Adult Survivors of Childhood Sexual Assault**

Investigator(s): Halee Brown, Smith College School for Social Work, xxx.xxx.xxxx

.....

Introduction

You are being asked to be in a research study regarding factors that promote resilience or the ability to bounce back and adjust, among survivors of childhood sexual assault. You were selected as a possible participant because you are over 18 years of age, have self-identified as LGBTQIA, have disclosed that you have a history of childhood sexual abuse prior to the age of 15, you feel that you have been able to adapt and achieve a sense of resiliency, and have a concrete sexual identity and strong interpersonal connections, and/or a positive experience of adult sexual experience and a positive attitude towards sexuality. Furthermore, you do not have a pre-existing relationship with the researcher, are not currently in active treatment for ongoing issues related to your childhood sexual trauma, and have agreed to be audio-recorded in your interview.

Purpose of Study

The purpose of the study is to identify factors and supports that promote and facilitate resilience among LGBTQIA identified adults who have experienced childhood sexual assault. This study is aimed to examine the experiences of LGBTQIA survivors who have been able to “bounce back” and overcome adversity, to identify patterns of factors promoting healing and recovery, and to provide a sense of hope and approaches to recovery for other survivors.

This study is being conducted as a research requirement for my master’s in social work degree. Ultimately, this research may be published or presented at professional conferences.

Description of the Study Procedures

If you agree to be in this study, you will be asked to do the following things: sign that you consent to participating in the study and to being audio recorded, set up a time with me to meet by phone, or in a mutually agreed upon place that affords privacy, for approximately 45 minutes for an interview, and discuss your experience of healing and recovery.

Risks/Discomforts of Being in this Study

The study has the following risks: While the study focuses on factors promoting resilience, and therefore specifically centers on the experience of healing, recovery, and positive supports, the interview may bring up memories or details of your experienced childhood sexual assault. I will not ask any questions specifically about your trauma event, but in the event that you do experience difficulties or uncomfortable memories, I include a list of referral sources that I encourage you to connect with for support. These resources can be found at the end of this form.

Benefits of Being in the Study

The benefits of participation are gaining insight, finding strength and pride in your journey to resiliency, having an opportunity to talk about your experience and issues that are important to you.

The benefits to social work/society also include the addition of an opposing stance, that survivors might achieve more positive outcomes, survivors gaining a sense of hope, and professionals understanding various factors that have promoted healing, that they might be able to consider in their courses of treatment with other survivors.

Confidentiality

Your participation will be kept confidential. After you sign this consent form, all of the information collected about your experience will remain detached from any of your personal information. Your name will not be used in the published study, nor in any notes. All recordings will be destroyed after the interview has been transcribed. No individuals, aside from myself, will be aware of your participation in the study, unless you choose to inform them. While we will be meeting in a “public” space, we will meet privately, in a place that you agree to in advance. All interviews conducted by phone will also remain private and confidential.

All research materials including transcriptions, analyses and consent/assent documents will be stored in a secure location for three years according to federal regulations. In the event that materials are needed beyond this period, they will be kept secured until no longer needed, and then destroyed. All electronically stored data will be password protected during the storage period. I will not include any information in any report I may publish that would make it possible to identify you.

Payments/gift

You will not receive any financial payment for your participation.

Right to Refuse or Withdraw

The decision to participate in this study is entirely up to you. If you experience any discomfort, or wish to withdraw at any point, you may do so at any time without affecting your relationship with the researcher of this study or Smith College. Your decision to decline to answer a question, or to withdraw from the study will not result in any loss of benefits (including access to services) to which you are otherwise entitled. You have the right not to answer any single question, as well as to withdraw completely. If you choose to withdraw, I will not use any of your information collected for this study. You must notify me of your decision to withdraw by the end of your scheduled interview, or at any time up to March 1, 2016. After March 1, 2016, your information will be aggregated into the report, and will be part of the thesis, dissertation or final report, and I will be unable to remove your information.

Right to Ask Questions and Report Concerns

You have the right to ask questions about this research study and to have those questions answered by me before, during or after the research. If you have any further questions about the study, at any time feel free to contact me, Halee Brown, at hbrown@smith.edu or by telephone at xxx.xxx.xxxx. If you would like a summary of the study results, one will be sent to you once the study is completed. If you have any other concerns about your rights as a research participant, or if you have any problems as a result of your

participation, you may contact the Chair of the Smith College School for Social Work Human Subjects Committee at (413) 585-7974.

Consent

Your signature below indicates that you have decided to volunteer as a research participant for this study, and that you have read and understood the information provided above. You will be given a signed and dated copy of this form to keep. You will also be given a list of referrals and access information if you experience emotional issues related to your participation in this study.

.....

Name of Participant (print): _____

Signature of Participant: _____ Date: _____

Signature of Researcher(s): _____ Date: _____

.....

1. I agree to be audio taped for this interview:

Name of Participant (print): _____

Signature of Participant: _____ Date: _____

Signature of Researcher(s): _____ Date: _____

2. I agree to be interviewed, but I do not want the interview to be taped:

Name of Participant (print): _____

Signature of Participant: _____ Date: _____

Signature of Researcher(s): _____ Date: _____

Referral Resource and Contact List

For Participants in the Pioneer Valley:

ServiceNet Individual Counseling (413) 585-1300

There are multiple locations, but call intake to schedule an appointment

ServiceNet Emergency Service (413) 586-5555

24 hours / 7 days

Center for Women and Community Hotline (413) 545-0800

Center for Women and Community Counseling Services (413) 545-0883

Psychiatric Crisis Services (413) 733-6661

24 hours / 7 days serving Hampden, Longmeadow, East Longmeadow, Wilbraham

Safe Passage Services (413) 586-1125

Safe Passage Hotline (413) 586-5066

24 hours / 7 days

Counselor Advocate Program: Everywoman's Center Hotline (413) 545-0800

For Participants in Washington, DC

NVRDC (Network for Victim Recovery of DC) (202) 742-1727

DCRCC (DC Rape Crisis Center) (202) 232- 0789

Counseling services available

DCRCC Hotline (202) 333-RAPE

24 hours / 7 days

CrisisLink (703) 527-4077

24 hours / 7 days

For Participants in Other Regions

Everywoman's Center Toll Free Hotline (888) 337-0800

Gay, Lesbian, Bisexual, and Transgender National Hotline (888) 843-4564

Mondays through Fridays 1 pm to 9 pm pacific time / 4 pm to midnight eastern time;

Saturdays 9 am to 2 pm pacific time / noon to 5 pm eastern time

Inform the researcher of your geographic location prior to the time of your interview, so that more local resources may be provided.

**APPENDIX B- ATTACHMENT D:
Referral Sources and Contacts**

For Participants in the Pioneer Valley:

ServiceNet Individual Counseling (413) 585-1300

There are multiple locations, but call intake to schedule an appointment

ServiceNet Emergency Service (413) 586-5555

24 hours / 7 days

Center for Women and Community Hotline (413) 545-0800

Center for Women and Community Counseling Services (413) 545-0883

Psychiatric Crisis Services (413) 733-6661

24 hours / 7 days serving Hampden, Longmeadow, East Longmeadow, Wilbraham

Safe Passage Services (413) 586-1125

Safe Passage Hotline (413) 586-5066

24 hours / 7 days

Counselor Advocate Program: Everywoman's Center Hotline (413) 545-0800

For Participants in Washington, DC

NVRDC (Network for Victim Recovery of DC) (202) 742-1727

DCRCC (DC Rape Crisis Center) (202) 232- 0789

Counseling services available

DCRCC Hotline (202) 333-RAPE

24 hours / 7 days

CrisisLink (703) 527-4077

24 hours / 7 days

For Participants in Any Region

Everywoman's Center Toll Free Hotline (888) 337-0800

Gay, Lesbian, Bisexual, and Transgender National Hotline (888) 843-4564

Mondays through Fridays 1 pm to 9 pm pacific time / 4 pm to midnight eastern time;

Saturdays 9 am to 2 pm pacific time / noon to 5 pm eastern time

For Participants in Other Regions

Inform the researcher of your geographic location prior to the time of your interview, so that more local resources may be provided.

**APPENDIX C:
HSR Letter of Approval**



School for Social Work
Smith College
Northampton, Massachusetts 01063
T (413) 585-7950
F (413) 585-7994

January 16, 2016

Halee Brown

Dear Halee,

You did a very nice job on your revisions. Your project is now approved by the Human Subjects Review Committee.

Please note the following requirements:

Consent Forms: All subjects should be given a copy of the consent form.

Maintaining Data: You must retain all data and other documents for at least three (3) years past completion of the research activity.

In addition, these requirements may also be applicable:

Amendments: If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

Renewal: You are required to apply for renewal of approval every year for as long as the study is active.

Completion: You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Congratulations and our best wishes on your interesting study.

Sincerely,

Marsha Kline Pruett, Ph.D.
Co-Chair, Human Subjects Review Committee

CC: Elaine Kersten, Research Advisor

**APPENDIX D:
Protocol Change Request Form**

**2015-2016
RESEARCH PROJECT PROTOCOL CHANGE FORM
Smith College School for Social Work**

You are presently the researcher on the following *approved* research project by the Human Subjects Committee (HSR) of Smith College School for Social Work:

**From Entrenched to Empowered:
Factors Promoting Resiliency and Healing for LGBTQIA Adult Survivors of Childhood Sexual Assault
Halee Brown
Advisor: Elaine Kersten**

.....
Please complete the following:

I am requesting changes to the study protocols, as they were originally approved by the HSR Committee of Smith College School for Social Work. These changes are as follows:
I would like to add the following questions to my interview guide

- How soon did someone know about your experience?
 - Did you consider it to be "getting help" ?
 - Who was the first person you talked to?
 - What were the first interventions? How did you feel approaching it?
 - Do you feel: a sense of safety? Calming? A perception of self-efficacy? Connectedness? Hope?
 - ➔ Do you remember a time where you didn't feel those things?
-

HB I understand that these proposed changes in protocol will be reviewed by the Committee.
HB I also understand that any proposed changes in protocol being requested in this form cannot be implemented until they have been fully approved by the HSR Committee.
HB I have discussed these changes with my Research Advisor and he/she has approved them.

Your signature below indicates that you have read and understood the information provided above.

Signature of Researcher: Halee Brown

Name of Researcher (PLEASE PRINT): Halee Brown **Date:**
 2/4/2016

PLEASE RETURN THIS SIGNED & COMPLETED FORM TO Laura Wyman at LWyman@smith.edu or to Lilly Hall Room 115.

****Include your Research Advisor/Doctoral Committee Chair in the 'cc'. Once the Advisor/Chair writes acknowledging and approving this change, the Committee review will be initiated.*

.....

APPENDIX E:

Protocol Change Letter of Approval



School for Social Work
Smith College
Northampton, Massachusetts 01063
T (413) 585-7950 F (413) 585-7994

February 5, 2016

Halee Brown

Dear Halee,

I have reviewed your amendment and it looks fine. The amendment to your study is therefore approved. Thank you and best of luck with your project.

Sincerely,

A handwritten signature in cursive script that reads 'Marsha Kline Pruett'.

Marsha Pruett, PhD
Co-Chair, Human Subjects Review Committee

CC: Elaine Kersten, Research Advisor

APPENDIX F:
Messages to Survivors from Participants

“It’s important for survivors to push themselves to self-advocate, because other people aren’t doing it for you”

“It’s important to keep in mind that there can be a lot of shame, but that we’re not all good or all bad. We have shadows, and its okay to not always feel strong. Some people do fucked up things. It’s okay to grow from that, and not feel shame. It’s okay to love all the pieces of yourself, even the ones that aren’t easy to love and accept”.

“For people that have had similar experiences, I can’t say “yes- go forward, tell stories”, because I didn’t do that. I know how hard that is. But y’know, anyone who - like I said, I wish I did do that. Looking back on that I really wish I had ... I had actually told someone about it. But again I can’t - the decision I made is the decision I made and I can’t let myself - I can’t let my own self-image be defined by that and yeah, I won’t let it define me, and I hope that anyone who has had similar experiences will come to the same conclusion”.

“It’s definitely never your fault, and it never was your fault. And forgiveness doesn’t happen overnight - it takes a lot longer, than people I think realize, so give yourself some time”.

“I suppose the advice that I would give to people who are just starting to deal with it is not to let anybody pigeonhole you, because everybody’s experience is different - everyone reacts differently to it. So your responses and your current condition are entirely individual, and that’s

completely fine. Just be ready to advocate for yourself if anyone in the treatment industry tries to lump you together with other people, and assume that they know your experience when they don't. Because that, in my experience, is a kind of a common pitfall of providers, and the best way to get the best help for people is really to advocate for their own experience”.

“One of the things I've always liked to hear is “you survived the abuse, you're going to survive the recovery” Because I've always carried this - it's not something that's ever over. But the abuse is over, the effects aren't, but they're like - aftershock. Like, you've made it through the first thing, you're gonna make it through the next thing. So I try to keep that in mind. Because even though this happened to me, I ended up going further in life than I ever thought I could. I never pictured myself being this adventurous, this happy, or this free, and that's how I live every day now. I want to spare other survivors the work and whatever they're going through now, and just let them have the ending, because the ending can seem unfathomable at times, but it's here”.

“It's a challenge like any other emotional challenge. It's a huge unfortunate learning experience. You can grow from it. It's not just a hurdle and then you get over it and then life goes on. No, it's a hurdle & then you get over it, and then you incorporate it and you grow from it and you are stronger from it”.