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# Research & Advocacy Digest

Linking Advocates & Researchers

## Transforming Trauma

### Letter From The Editor

JANET ANDERSON, ADVOCACY EDUCATION DIRECTOR, WCSAP

*Dedicated to All Sexual Assault Survivors  
and  
Those Who Work With Them*

*"Through my greatest pains have come my sweetest joys'... from the nettle of disaster ... the flower of opportunity" (Unknown)*

### Inside

- 3- 7 Interview with Dr. Patricia Frazier
- 8 Research Articles
- 20 Additional Resources

A great deal of research has been written about the physical, emotional and psychological effects of sexual assault and trauma. However, victims of sexual assault also possess a desire for wholeness, resiliency, recovery, and growth that awes and inspires me. Victims of sexual violence have the spirit, the guts, the resolve, and the fortitude within them to not only become survivors, but thrivers. As advocates and therapists, I'm sure you have born witness to the many survivors who have found ways to not only overcome these horrific experiences but to even grow from them. In essence, some may find a "silver lining" which can lead to profound and deeper levels of meaning, purpose and human connection. Therefore, I decided to utilize this Research and Advocacy Digest to examine the myriad of strategies that survivors use to move toward post-traumatic growth, recovery, and wholeness.

### Contributors

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In order to capture the full range of what sexual assault victims' experience, it is important to discuss post-traumatic growth because, *"the effects of trauma and violence may be better understood by taking a broader perspective that includes resilience and recovery as well as damage and symptomology. The integration of this broader perspective will provide a counterbalance to the predominant orientation of victimization and pathology currently evidenced in the literature."*<sup>1</sup>

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<sup>1</sup> Ai, Ami, & Park, Crystal. Possibilities of the Positive Following Violence & Trauma: Informing the Coming Decade of Research, Journal of Interpersonal Violence, Vol. 20(2), February, 2005, pgs. 242-250.

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According to a recent story in the Washington Post, mental health experts are becoming increasingly interested in “post-traumatic growth.” Some people emerge from severe life crises feeling enhanced rather than diminished. They speak of spiritual development, stronger personal relationships, greater personal strength, deeper appreciation of life, and clarity about priorities. “We’re talking about a positive change that comes about as a result of the struggle with something very difficult,” says Dr. Lawrence Calhoun of the University of North Carolina. Posttraumatic growth (PTG), the term coined by psychologists Richard G. Tedeschi, PhD, and Lawrence G. Calhoun, PhD, is the experience or expression of positive life change as an outcome of a trauma or life crisis. This does not mean that anyone is “glad that they [experienced a sexual assault]”, but that they report “having experienced benefits” or “having made something positive out of it.”<sup>2</sup>

Sexual assault victims use a variety of means to not only cope with their trauma but to eventually overcome it. Active coping means recognizing and accepting the impact of the traumatic experiences and then taking concrete actions to improve their lives. In this Research and Advocacy Digest, we explore some of those concrete actions taken by survivors such as:

- Spirituality
- Self-Defense and Assertiveness Training
- Journaling
- Where they turn for help and the responses received from formal and informal support systems and
- Timing and factors contributing to positive life changes

Because therapists and advocates play a vital role in helping survivors recover, we also highlight a research project that focuses on the vicarious posttraumatic growth that professional therapists experienced as a result of working with trauma victims.

I hope you find this Research and Advocacy Digest useful as you work with survivors and bare witness to their remarkable fortitude to choose life, to recover and to grow beyond where they ever dreamed possible. As Leo Passacaglia once said, *“what we call the secret of happiness is no more a secret than our willingness to choose life.”* And choosing life is what being a survivor is all about.

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<sup>2</sup> An interview with Dr. Mark Chesler by Steven Ungerleider, Ph.D. (editor of the Prevention Researcher)

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# Interview with Dr. Patricia Frazier

Professor of Psychology, University of Minnesota

WCSAP: Can you tell us a little bit about your background and your interest of study?

PF: My research interests lie at the interface of counseling psychology and social psychology. More specifically, I am interested in the application of social psychological theory and research to problems of concern to counseling psychologists. One major focus of my research has been to identify factors associated with adjustment to stressful or traumatic life events. Much of this research has focused on violence against women (i.e., sexual assault, sexual harassment, and domestic violence), although I have also examined coping with other kinds of stressors (e.g., bereavement, chronic medical conditions, and relationship breakups). I currently am interested in the role of different aspects of perceived control in recovery from stressful life events and the ways in which traumatic events can lead to positive changes in people's lives.

As mentioned above, I have a specific interest in violence against women, particularly sexual assault. In addition to examining factors associated with post-assault recovery, I am currently collaborating with various agencies in the community to investigate the ways in which rape victims are treated in emergency room (ER) settings by medical, legal, and advocacy personnel. The goals of this project are to assess the impact of the ER experience on victim's willingness to seek further services, their emotional recovery, and ultimately to identify "best practices" for handling sexual assault cases in the ER.

Finally, I also am interested in research on interpersonal relationships. For example, I have explored the extent to which significant others are affected by their partners' traumas and the ways in which significant others' coping processes and the social support they provide affect their partners' adjustment.

WCSAP: More and more literature is being focused on the phenomenon known as post-traumatic growth. Can you briefly explain what that is?

PF: Most people are familiar with the concept of post-traumatic stress disorder (PTSD) which is the recurrent experience of psychological, psychophysical, and/or social symptoms as a result of trauma or crisis. Post-traumatic growth (PTG), on the other hand, is the experience or expression of positive life change as an outcome of a trauma or life crisis.

For example, when people experience traumatic events, we started to notice that they were self-reporting that some positive things were also coming out of the experience. Some of those self-reported positive things had to do with appreciation of life, becoming more empathetic to others, developing stronger relationships, a growth in spirituality, and a change in life priorities.

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WCSAP: After so many years of the research focusing on PTSD and symptomology surrounding sexual assault and other traumatic events, what do you believe is contributing to the emergence of Post-Traumatic Growth as a new focus of study?

PF: I see two issues that have contributed to this new focus. Traditionally, psychology has been focused on mental illness and examining negative outcomes of traumatic events. This may have to do with the fact that psychology and other social sciences are heavily steeped in a medical model which looks at illness and disorder. What we found is that when researchers only focus on the negative outcomes, then that is the only result they will find. However, researchers started to realize that participants in their studies, although only being asked about negative outcomes, were also beginning to discuss some positive outcomes they experienced as a result of their traumatic experiences. So, we began asking questions about positive as well as negative outcomes which initially brought a counterbalance to the responses. Secondly, there is currently a movement in psychology known as the positive psychology movement. The positive psychology movement focuses less on symptomology but rather focuses on how to build people's strengths. For example, there is a difference between not being depressed and being happy. The positive psychology movement therefore, tries to focus on those strengths such as resilience and coping factors that help people gain a sense of their own strength after a traumatic event.

WCSAP: Are you seeing this positive psychology focus being used in actual clinical practice?

PF: Yes, some clinicians are starting to focus on their clients' strengths and creating assessment tools to examine the strengths and resiliency of their clients.

WCSAP: Can you briefly describe your research projects that focused on post-traumatic growth and summarize some of your findings?

PF: Originally, there were some studies that had been conducted by researchers who examined post-traumatic growth in breast cancer survivors and they found that many were reporting positive changes in their lives. Therefore, we wondered if this could occur with sexual assault survivors as well.

Because our research is in collaboration with an emergency room based SART program, we were able to contact the survivors soon after the trauma which is significant, in that other studies were examining this phenomenon of positive change years after the person's traumatic experiences. In the first study we asked one open-ended question about whether anything positive had come out of the assault. Surprisingly, although it was only about one week after the assault, the majority of survivors mentioned some positive aspect, such as that they appreciated life more. We then created a measure of positive and negative life changes based on the responses survivors gave us in this first study.

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In our next study we used this new measure to examine the timing and course of self-reported positive life changes over several time intervals, including 2 weeks, 2 months, 6 months and one year post-assault. What we wanted to know was whether people were really reporting these positive changes over time and whether they would be sustained and increase over time. We wanted to do this because there was the assumption in the research literature that it takes a very long recovery process to yield positive changes from traumatic experiences. What we found was that our research results challenged this assumption. In the first study that examined the timing of positive changes experienced, we found that many sexual assault survivors reported both positive and negative changes even two weeks after the assault and that the period between 2 weeks and 2 months appeared to be when the greatest change occurred.

What we also found in our first study was that the people who had the fewest PTSD symptoms were the people who reported positive changes soon after the assault and were able to maintain those changes over time. Other survivors self-reported positive changes soon after the traumatic event but did not maintain these positive changes over a year's time. This isn't really what we consider to be post-traumatic growth; it really is some kind of temporary coping strategy because the change wasn't something that fundamentally changed someone's life. So, maintaining these positive changes is also a big factor in terms of understanding post-traumatic growth. Real post-traumatic growth means that the experience has fundamentally changed some aspect of the person's life.

**WCSAP:** What were you examining in your second study?

**PF:** In the second study we were trying to identify who reported early positive change and what factors were associated with trajectories of self-reported growth and changes over time.

What we found was that individuals who had more social support, used more spiritual or religious coping, those who used more cognitive restructuring and those who engaged in approach coping rather than avoidance were more likely to report positive change soon after the assault. In addition, those who felt that they had developed control over their recovery process also reported higher levels of positive change over time.

**WCSAP:** Can you tell me what you mean by having control over their recovery process? I think this is something that is important for advocates and therapists to understand as they work with survivors.

**PF:** Yes, although survivors didn't have control over the fact the assault happened, and really don't have control over the future, we found that those who focused on what they could do right now to recover were the ones reporting positive changes.

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WCSAP: In the second study your hypothesis indicated that you thought that being African American would be correlated with self-reports of positive change. Can you talk about that?

PF: Yes, other studies indicated that this was so because African Americans showed more positive changes in spirituality, but that was not what we found in our research.

WCSAP: Your research was instrumental in some of its findings. It identified the timing of self-reported positive changes; it challenged traditional notions that it takes a long recovery process to yield some positive changes from a sexual assault and identified some factors that assisted with those positive changes. What recommendations would you give to those working with sexual assault survivors regarding these findings?

PF: I think it is important for advocates and therapists to help survivors build on these positive changes if they report them. Also, it is important to give the survivor as much control over their own recovery process and to not dismiss the fact that they indeed may be experiencing some positive changes, even two weeks after the assault. Sometimes we have a tendency to think that if someone is talking about these positive changes so soon after an assault then they are in denial or not really dealing with their trauma. This may or may not be the case

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WCSAP: What other recommendations would you give to those who work with sexual assault survivors around this issue?

PF: I want to point out that at this time we have very little corroborating data regarding these self-reports of growth. That is, people report that their relationships are better, for example, but we do not have much evidence that they actually ARE better because most of the data are based on survivors' self-reports. Therefore, I am planning a study where we will follow a large group of college students over time with the expectation that some of them will experience traumatic events over the course of the study. This will enable us to gather measures before and after the traumatic event to see if there really are positive life changes after the trauma. Therefore, this study will be different because we will conduct measures before and after a traumatic event which is very difficult to do.

WCSAP: Can you give me an example of what you mean?

PF: Yes, for example, let's say that an individual indicates that they are more empathic after the trauma. We will have data that will have examined their levels of empathy before the trauma to determine if this is so. This is important because what seems to happen is that when people look back on their past they tend to denigrate it by saying, "I was not empathic then, but I am now."

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Another implication for advocates and therapists is this - we do know that self-reports of positive change tend to be correlated with better outcomes. So even if there is no actual change over time, those individuals who perceive positive changes typically do better. Therefore, if someone is reporting a positive change, it is not necessarily that they are in denial or that they are avoiding dealing with the trauma. Therefore, advocates and therapists need to support their experiences.

WCSAP: Are there specific strategies that advocates and therapists can use to even get at these positive self-reports.

PF: Yes, one way of getting at this is to ask open-ended questions such as “how has this experience impacted you, positively, negatively, and in all areas of your life.” Using open-ended questions is a way for the survivor to talk about all the impacts of their trauma, positively, negatively or indifferent, and we need to listen to them and accept what they are telling us.

WCSAP: Thank you Dr. Frazier for taking time to discuss this with us.



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## Positive and Negative Life Changes Following Sexual Assault

Frazier, Patricia; Conlon, Amy; & Glaser, Theresa.  
*Journal of Counseling Psychology*, Vol. 69(6), 2001,  
pgs. 1048-1055.

This study examines both the positive and negative changes at several points in sexual assault survivors' lives. Most research focusing on post-traumatic growth typically assesses growth changes years after the trauma, providing little information on the timing of this change as well as its relationship to initial levels of distress. The authors chose to focus on sexual assault survivors because of its high prevalence as well as the fact that sexual assault is one of the most distressing events a person can experience. They also argue that it is critical to assess growth changes over many time periods because of assumptions that significant change is often a result of a long recovery process.

Longitudinal data was collected from 171 sexual assault victims who were clients of a local rape crisis clinic. Ages of participants ranged from 16 to 52. Forty-five percent (45%) were assaulted by strangers, 48% were injured, and 83% involved one assailant. To measure the timing of life changes, this study assessed changes in self, relationships, life philosophy, empathy, and changes in beliefs about the world. To measure the relationship between the timing and its correlation to positive and negative changes, PTSD and depression were also measured at 2 weeks, 2 months, 6 months and one year.

“Regarding the timing of the changes, the results indicated that many sexual assault survivors reported both positive and negative changes even two weeks after the assault”

Regarding the timing of the changes, the results indicated that many sexual assault survivors reported both positive and negative changes even two weeks after the assault. The most common positive change at the 2-week period included: concern for others (80%), relationships with family (46%) and appreciation of life, (46%). The most common negative changes were changes in mental health (84%), safety issues (83%) and fairness of the world (81%). In addition, the data demonstrated that positive changes generally increased and negative changes decreased over time. However, the period between 2 weeks and 2 months post assault appeared to be when the greatest changes occurred.

“...the period between 2 weeks and 2 months post assault appeared to be when the greatest changes occurred.”

When looking at the relationship between change and levels of distress, the data indicated that positive changes, such as a greater sense of strength and greater life appreciation were associated with less distress. Negative changes (lower sense of self-worth or lower spiritual well-being) were related to higher levels of distress. Negative changes in relationships were also associated with higher levels of distress, particularly at 2 weeks post assault. Those with the least distress at 12 months were those who reported higher than average levels of positive change at 2 weeks and were able to retain these benefits over time.



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The results of this study demonstrated that some areas of growth in sexual assault survivors can happen fairly rapidly, and the study challenged the assumption that it takes a long recovery process to integrate those changes. Thus, this research has great implications for not only how we view sexual assault survivors but for how we advocate and provide therapeutic services to them.

### Correlates of Levels and Patterns of Positive Life Changes Following Sexual Assault

Frazier, Patricia; Tashiro, Ty; Berman, Margit; Steger, Michael; & Long, Jeffrey  
Journal of Counseling and Clinical Psychology, Vol. 72(1), 2004, pgs. 19-30.

Previous research conducted by Frazier et. al (2001) uses the same sample to identify the process and time elements associated with positive life changes that survivors of sexual assault experienced post-assault at 2 weeks, 2 months, 6 months and one year intervals. This particular study builds on existing research, but focuses on identifying those factors that play a part in survivor's positive life change experiences. The authors hypothesize that:

1) Social support, approach coping, religious coping, perceived control over the recovery process, taking precautions, and being African American would be associated with higher levels of early positive change.

2) Avoidant coping and behavioral self-blame would be associated with fewer initial positive changes.

Measures included prior victimization, social support, approach and avoidant coping strategies, perceived control (personal behavior attributed to the assault), and positive life change scales.

Results demonstrated that survivors who use more social support and more approach coping strategies (expressing emotions, talking about the incident) as opposed to avoidance reported more positive life changes soon after the assault. Reliance upon spirituality and faith to cope correlated with initial positive life changes. Of these, approach coping had the strongest relationship to reported levels of positive changes. Additionally, those who believed that they had more control over their recovery process demonstrated a correlation with both initial positive life changes and positive changes over time. In contrast, the hypotheses that African Americans and prior victimization would yield more positive life changes were not supported.

“...approach coping had the strongest relationship to reported levels of positive changes. Additionally, those who believed that they had more control over their recovery process demonstrated a correlation with both initial positive life changes and positive changes over time.”

Because the perception of control over the recovery process accounted for the most significant factor for positive change over time, this factor needs further study so those working with survivors can help them identify ways they can gain control in the present.

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## Perceived Benefit from Child Sexual Abuse

McMillen, Curtis; Rideout, Gregory; & Zuravin, Susan. *Journal of Counseling and Clinical Psychology*, Vol. 63(9), 1995, pgs. 1037-1045.

This article first outlines that although some individuals experience adverse and traumatic events, they realize that these events created opportunities for positive life changes.

The purpose of this study was to answer the questions of: 1) how many sexually abused women perceived growth from the experience, 2) what kinds of positive outcomes were perceived, and whether or not these perceived positive outcomes are related to adult adjustment.

The 154 participants in this study were recruited from a larger case comparison study of low-income mothers. On the basis of the original interview, those who reported child sexual abuse histories were contacted and asked to participate. Childhood sexual abuse was defined as unwanted sexual contact before the age of 14 and could include oral, vaginal, or anal intercourse, touching of breasts or genitalia, or being forced to touch someone else's genitalia. During the second interview, participants were asked to rate how much benefit they felt they had received from the unwanted sexual contact.

Overall, about 47% of women who were sexually abused as children reported perceiving some benefit from their experience.

Overall, about 47% of women who were sexually abused as children reported perceiving some benefit from their experience. Approximately

forty-seven percent (46.8%) of the women reported some benefits, 24% reported perceiving a great deal of benefit, while 22.7% reported little benefit. However 88.9% also reported perceptions of harm.

The benefits fell into four main categories - increased protection of their children (29.2%), better self-protection and awareness (17.5%), becoming a stronger person (4.5%) and, becoming more knowledgeable about child sexual abuse (25%).

The benefits fell into four main categories - increased protection of their children (29.2%), better self-protection and awareness (17.5%), becoming a stronger person (4.5%) and, becoming more knowledgeable about child sexual abuse (25%).

In terms of the correlation to perceived benefit and adult adjustment, those reporting higher levels of benefit had higher self-esteem, were more comfortable depending on others, and had less relationship anxiety.

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## Does Writing Reduce Posttraumatic Stress Disorder Symptoms?

Deters, Pamela, B; & Range, Lillian, M. *Violence and Victims*, Vol. 18(5), October, 2003, pgs. 569-579.

Although this research does not focus solely on sexual assault, it does, however, discuss strategies that are typically used to reduce symptoms of PTSD. One method of reducing PTSD is called “exposure-based” treatment. Exposure may include talking to friends, talking with an advocate or therapist, praying, imagining, or writing. This particular study seeks to determine whether writing about traumatic events can assist with decreasing symptoms of PTSD. Although other studies have shown that writing can increase physical well-being, no studies using this experimental writing paradigm have been used to examine its effectiveness on PTSD.

The authors hypothesize that writing about trauma will lessen PTSD symptoms, its impact, suicidal ideation, dissociation, depression and health-center visits compared to those writing about trivial topics.

Fifty-seven students (57) from a mid-sized university were screened from a pool of 1500 students to participate in this study. The most common traumatic event was death of a loved one (35%), followed by sexual abuse/rape (25%), personal illness or injury (18%), witnessing trauma (14%), or other (11%). The average time that passed since the traumatic event ranged from 2 to 5 years. Those who agreed to participate committed to four-15 minute writing sessions over a 2-week period. Participants were randomly assigned into the “trauma writing” group or into the “trivia writing” group. Those in the trauma group were asked to write about the event as well as their deepest emotions they experienced surrounding the event. Those in the trivial group were asked to write about their last

meal in detail. As a safeguard, all essays were read within a 24-hour period and if any essays demonstrated intent for self-harm or harm to others, an intervention would take place.

“Results indicated that all participants’ PTSD symptoms, impact, dissociation, and health visits dropped over the 8 weeks from pre-testing to follow-up”

Results indicated that all participants’ PTSD symptoms, impact, dissociation, and health visits dropped over the 8 weeks from pre-testing to follow-up. However, depression and suicidal ideation remained the same. For those who indicated during the pre-screening that the event was still bothering them, the writing helped regardless of which group they were assigned to. It should be noted however, that those who wrote about trauma indicated that they felt worse at post-testing but reported feeling better at follow-up six weeks later.

Although writing about a traumatic event appeared to negatively impact some participants in the short-term, several long-term benefits were seen and consequently may be a useful tool in assisting victims of trauma to recover from their symptoms and stressors.

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## The Good, the Bad, and the Healthy: Impacts of Emotional Disclosure of Trauma on Resilient Self-Concept and Psychological Distress

Hemenover, Scott, H. Society for Personality and Social Psychology, Vol. 29(10), October, 2005, pgs. 1236-1244.

Although research has demonstrated that writing and disclosing trauma can have positive impacts on a person's health, and that using insight words (think and know) and causation words (because, effect) increases these positive impacts, few to no studies have been conducted to determine whether disclosing trauma can positively impact self-perception.

Fifty students (51% men and 49% women) participated in the study. Participants were assigned into two writing groups – a traumatic event group (n=25), or a group that would write about their plans for tomorrow (n=25). Each participant was given measures to determine their baseline of self-concept before the disclosure (pre-test) and 3 months after disclosing (post-test).

The author hypothesized that:

1. The trauma group would show increases in resilient self-perceptions and decreases in distresses between pre-test and post-test.
2. For those experiencing distress, disclosure would have the largest impact on depression.
3. Increases in the use of insight and causation words would be associated with increases in self-perception.

Participants completed the battery of questionnaires at the beginning of the semester and would go to the writing lab to write about their lives for 20 minutes a day on 3 separate days. After all writing sessions, participants would

complete a post-writing questionnaire to rate how upsetting, emotional, important, difficult, and stressful the information was that they wrote about.

“... the results indicated that the trauma group significantly increased in mastery, personal growth, and self acceptance, and significantly decreased in depression, interpersonal sensitivity, anxiety and somatic issues.”

Although the trauma group initially rated the experience as more upsetting than the control group, the results indicated that the trauma group significantly increased in mastery, personal growth, and self acceptance, and significantly decreased in depression, interpersonal sensitivity, anxiety and somatic issues. Those within the control group showed no significant changes from pre-test to post-test in psychological distress or resilience. Additionally, the study revealed that greater use of insight words increased their sense of autonomy and decreased their sense of sensitivity demonstrating that disclosing traumatic events significantly correlated with the development of a more resilient self-concept. Therefore, having victims of sexual assault write about their trauma may be a positive tool that therapists and advocates can use to help facilitate victims to enhance their self-concepts.

“...disclosing traumatic events significantly correlated with the development of a more resilient self-concept.”

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## It's the Little Things – Women, Trauma and Strategies for Healing

Stenius, Vanja, M.; & Veysey, Bonita. *Journal of Interpersonal Violence*, Vol. 20(10), October, 2005, pgs. 1155-1174.

The purpose of this study was to discover how women with histories of physical and sexual violence participated in their own healing process. This study seeks to understand how survivors viewed and utilized both formal treatment processes as well as informal support systems. To meet criteria, all 18 participants had histories of violence, a dual diagnosis of either a mental health or substance abuse disorder, and had at least two or more encounters within a mental health or substance abuse treatment facility.

Participants were interviewed with open-ended questions every 3 months for a total of four interviews each. The questions were aimed at identifying what strategies they considered to be the most effective for their healing. Sample questions included - how they take care of themselves in times of stress or crisis, what formal supports have been harmful and what formal supports have been helpful. Based on the answers, responses were coded and categorized into themes.

“In terms of taking care of themselves, the women reported that relationships and connection to both formal and informal support systems were paramount to their healing. Seventy-two percent (72%) also indicated that a spiritual connection helped them stay sober and emotionally balanced.

In terms of taking care of themselves, the women reported that relationships and connection to both formal and informal support systems were paramount to their healing. Seventy-two percent (72%) also indicated that a spiritual connection helped them stay sober and emotionally balanced. Other strategies used included body work, volunteering, and other restorative activities. Additionally, 78% indicated that making their own decisions and setting limits for themselves enhanced their healing process.

“Additionally, 78% indicated that making their own decisions and setting limits for themselves enhanced their healing process.”

When asked what formal treatment processes were considered harmful, themes that most often arose included system barriers, insurance limits, lack of trauma sensitivity, and lack of professional cross-training in dual diagnosis. Areas in which the women deemed formal processes as helpful included trauma sensitivity, a caring and genuine therapist, female therapists, women-only groups, and shared experience and empathy.

Although the women utilized a wide variety of strategies to assist in their healing process, the author notes that “*women find that caring individuals and a safe environment yielded the greatest benefit*” and “*that it is not so much what people do to help but how they do it.*”



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“Although the women utilized a wide variety of strategies to assist in their healing process, the author notes that *‘women find that caring individuals and a safe environment yielded the greatest benefit’* and *‘that it is not so much what people do to help but how they do it.’*”

### Self-Defense or Assertiveness Training and Women’s Responses to Sexual Attacks

Brecklin, Leanne, R.; & Ullman, Sarah, E. *Journal of Interpersonal Violence*, Vol. 20(6), June, 2005, pgs. 738-762.

Although prior research has shown a positive correlation between rape avoidance and self-defense or assertiveness training, more rigorous research is needed to identify the physical and psychological effects that these strategies have on women who are later sexually assaulted after training. The authors hypothesize that:

1. Women who take self-defense or assertiveness training will have less severe sexual victimization than women without such training.
2. Women with training will report more success in getting the attacker to stop completely or become less aggressive.

National samples of 3,187 female college students from 32 schools were given an anonymous questionnaire entitled the National Survey of Intergender Relationships. Initial measures included the Sexual Victimization Severity Index which identifies unwanted sexual contact before the age of 14. For those reporting any form of later sexual victimization the Sexual Assault Experience Index was given which asks additional

questions including experiences with self-defense or assertiveness training, assault characteristics (offender aggression scales, relationship to offender, use of drugs or alcohol by offender and victim and victim resistance strategies) and finally, victim perception of assault (what they believed was the effect of their resistance, who was to blame, emotions experienced at time of the assault, and post-assault impacts).

After analysis, 27.4% experienced sexual contact, sexual coercion (21.1%), attempted rape (22.6%), and completed rape (29%). Of those, 13% had taken self-defense or assertiveness training prior to their later assault. Approximately 38% of the offenders used aggression and the offenders were most often known to the victim (49.1%). Close to half reported they used alcohol (41.6%) and their attacker used alcohol prior to the assault (50.0%). Eighty-two percent (82%) used some kind of resistance strategy, such as hitting, kicking, screaming, and running away. Many felt responsible for the assault and most defined their experience as something other than rape (90.3%).

When comparing those with training to those without, results indicated that victims with training were more likely to avoid rape, reported being able to completely stop the offender or make him less aggressive and felt less scared and more anger during the incident. This is a significant finding in that it implies that being able to avoid or stop the assault and channeling fear into anger and action may decrease psychological trauma and physical effects of sexual assault victimization. Although the authors point out that rape prevention efforts need to focus primarily on changing the sexually aggressive behavior of males, this study can help identify some strategies for women to use to resist and possibly decrease the severity of both psychological and physical impacts of rape and trauma.

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### Changes in Spirituality and Well-Being Among Victims of Sexual Assault

Kennedy, James, E.; Davis, Robert, C., & Taylor, Bruce, G. *Journal for the Scientific Study of Religion*, Vol. 37(2), June, 1998, pgs. 323-328.

The purpose of this study was to ask two fundamental questions: 1) to what extent do victims of sexual assault report a change in spirituality in their lives after the assault, and 2) to what extent is this tendency related to change in well-being or recovery.

A sample of 70 predominantly inner-city, minority women who were sexually assaulted within the past 9 to 24 months were given a questionnaire to complete. To qualify, participants had to be at least 18 and assaulted by someone other than a domestic partner. Participants were recruited from cases filed with the police department, from the district attorney's office, victim service programs, rape crisis centers and hospitals. The ethnic breakdown was 66% African American, 16% Hispanic, 12% Caucasian, and 6% for other racial groups.

Measures included: 1) changes in well-being, 2) changes in spirituality, 3) intrinsic religiosity, and 4) severity of the assault.

Although the length of time that had passed since the assault was not considered to be a factor, 60% of the participants indicated an increased role in spirituality in their lives 9 to 24 months post assault and that this increase significantly correlated with changes in well-being. On the other hand, those who reported no change or decreased spirituality indicated significantly reduced well-being since the assault.

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Although some limitations of this study were cited, the authors point out that there tends to be a cyclic nature to this model. For example, although traumatic events lead to decreased well-being, this decreased well-being may cause increased spirituality, which in turn helps restore well-being and stabilization post-assault. This study is also significant in that it points to the need for service providers to help survivors connect to their spirituality in an effort to mitigate the impact of trauma, develop coping skills, regain a sense of hope in their world view, and ultimately having a better long-term recovery process.



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## Vicarious Posttraumatic Growth in Psychotherapy

Arnold, Debora, Calhoun, Lawrence, G.; Tedeschi, Richard, & Cann, Arnie *Journal of Humanistic Psychology*, Vol. 45(2), Spring, 2005, pgs. 239-263.

Although much research has documented the hazardous nature of trauma work, this research article is the first one of its kind that explores both the negative as well as the positive impacts on therapists who work with trauma survivors. The authors refer to these positive impacts as vicarious posttraumatic growth.

Twenty-one therapists who have worked in the field of trauma were interviewed using a naturalistic or open-ended type of format. The mean percentage of their clinical work that is trauma-related was 45% and the majority had approximately 17 years experience working with trauma survivors. Eighty-five percent (85%) also reported experiencing a traumatic event in their own lives such as loss of a loved one, major illness, sexual abuse, and combat duty in Vietnam.

Some of the negative outcomes that were identified included experiencing negative emotions, vicarious trauma and combat fatigue. Although they reported these negative outcomes, they also indicated that these were relatively short-lived and usually disappeared within a few days. Experience also played a factor in that these negative outcomes were more often associated earlier on in their careers.

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One hundred percent (100%) of the participants also reported positive responses to trauma work as well. The most frequently reported positive outcome was observing posttraumatic growth in their clients (90%). Other positive outcomes included increased levels of sensitivity and

compassion, empathy, insight, and tolerance. Seventy-six percent (76%) also indicated that working with trauma survivors had a significant impact on their spirituality, 52% reported gaining an appreciation for their own good fortune in life, and 52% reported gaining a sense of optimism about life.

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Although this is a small sample and further studies need to be replicated, the results indicated that working with trauma survivors had a profound and meaningful impact on the lives of the therapists. As the authors report, “this suggests that the potential benefits of trauma work - or vicarious posttraumatic growth - may be significantly more powerful and far-reaching than the existing literature’s scant focus on potential benefits would suggest.”

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## What Really Happened? A Validation Study of Rape Survivors' Help-Seeking Experiences with the Legal and Medical Systems

Campbell, Rebecca. *Violence and Victims*, Vol. 20(1), February, 2005, pgs. 55-68.

The goal of this study was to identify whether victims of sexual assault are getting the services they need from the medical and legal systems, and comparing their perceptions of the outcomes with the perceptions of the service providers themselves. Research indicates that survivors often report secondary victimization due to insensitive responses from system personnel. However, the author notes that it is not known if community service providers had different accounts or recollections of what happened during the interactions.

Rape survivors who sought medical help were surveyed before their discharge about their contact with both the medical and law enforcement personnel. Corresponding accounts were then collected from the identified doctors, nurses and police officers.

Measures included: 1) service delivery (what services were given or not), 2) secondary victimization behaviors (behaviors of system personnel, such as being discouraged from filing a report, being questioned about their dress, etc.) and, 3) secondary victimization emotions (insensitive and victim blaming treatment that resulted in the victim feeling bad, depressed, distrustful, not wanting to seek further assistance etc.) across both the legal and medical system domains.

Using a focus group strategy, a list of possible positive and negative outcomes was generated and applied to both the legal and medical domains in the areas of service delivery, secondary victimization behaviors, and secondary victimization emotions.

Results indicated high agreement rates between the survivors and service providers within both domains in terms of service delivery and secondary victimization behavior. For example, when a rape survivor said she did not receive a service, more often than not the police officer, doctor, or nurse agreed with the account. Additionally, if the victim reported facing a secondary victimization behavior (being discouraged from filing a report, being asked if they physically responded to the assault, etc.) the service providers usually agreed with these accounts as well.

The area that was most problematic was the secondary victimization emotional domain where agreement rates were extremely low. This was due to the fact that, with the exception of nurses, service providers did not understand the impact of their words and behavior on the victim nor did they perceive that victims were experiencing the kinds of distress, sadness, depression, disappointment or discouragement that they claimed to be feeling.

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Although there was general agreement in two of the three categories (service delivery and secondary victimization behaviors), this research demonstrates that more training must be provided to police and medical staff to help them understand and be sensitive to the impact that their words and actions have on survivors of rape. Additionally more research needs to be conducted to determine if the provider's vicarious trauma is affecting their work with traumatized victims in an effort to decrease the levels of secondary victimization experienced by victims.

### **Correlates of Formal and Informal Support Seeking in Sexual Assault Victims**

Ullman, Sarah, E., & Filipas, Henrietta, H. *Journal of Interpersonal Violence*, Vol. 16(10), 2001, pgs. 1028-1047.

This study's goal was to examine the factors that pertain to both formal and informal support seeking of victims of sexual assault using demographics, assault characteristics, and post-assault factors. Three hundred twenty three (323) participants were recruited from community residents (n=202), college students (n=98) and mental health agencies (n=23).

Based on the research, the authors predicted that younger, married, highly educated, Caucasian women would seek more support from formal sources. Stranger rape involving injury and perceived life threat would also be correlated to more formal means of support seeking. And finally, alcohol related assaults were expected to be related to more service seeking and more negative reactions from others.

Measures included gathering basic demographic information (age, race, marital status, education level, income, and parental status), and the Sexual Experiences Survey (SES) which assess for attempted and completed rape, sexual coercion and unwanted sexual contact from age 14 up. Two questions in the SES also asked information as to whether the rape or attempted rape was the result of the perpetrator giving the victim alcohol. Other questions included: 1) when they disclosed, 2) whether they perceived their life was in danger, 3) whether injured, and, 4) relationship to the perpetrator. Other measures included the Social Reaction Questionnaire which lists 48 different reactions that they could have received from others upon disclosure and the frequency and by whom (formal and informal support) they received these reactions.

Results indicated that 78% of those women assaulted by strangers told more formal support sources than women assaulted by known perpetrators. Those assaulted by a known perpetrator told informal support sources only (42.2%) as compared to those assaulted by strangers (22%). Almost three fourths of women (72.5%) with children told formal support sources as compared to those without children (56.6%). Fewer women with children told only informal sources (27.5%) than did women without children (42.4%). All predictions of the author were validated with the exception of Caucasian women. In this study, race did not play a factor.

As expected, victims who were assaulted by strangers and who had more injuries were more likely to seek support from formal sources. However, victims seeking support from formal sources reported the highest amount of negative reactions, particularly from the police because of the association of victim blaming than victims

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who turned to informal sources of support such as family and friends. More than half of the women in the survey indicated that the police were the most unhelpful sources of all. Furthermore, those who told a physician, police or both did so immediately and the author postulates that there is a perception that only those who are severely and noticeably injured felt entitled to seek out these formal sources of help.

“...victims who were assaulted by strangers and who had more injuries were more likely to seek support from formal sources. However, victims seeking support from formal sources reported the highest amount of negative reactions, particularly from the police because of the association of victim blaming than victims who turned to informal sources of support such as family and friends.”

Although all sexual assault victims should feel entitled to seek help from both formal and informal support systems, this study demonstrates that not all victims feel entitled to seek help from these sources and illuminates the need to train and educate formal service providers to reduce negative social reactions to victims.

# Additional Resources

## Websites

### **National Center for Post-Traumatic Stress**

<http://www.ncptsd.va.gov/index.html>

This website has a variety of articles pertaining to post-traumatic growth

### **The Prevention Researcher**

Post-Traumatic Growth: Understanding a New Field of Research

An Interview with Dr. Mark Chesler

<http://www.tpronline.org/articles.cfm?article>

### **Post-Traumatic Growth Inventory/Survey**

Questionnaire to help survivors determine their own experiences with PTG

<http://www.apahelpcenter.org/ptgi>

## Books

**Posttraumatic Growth: Positive Changes in the Aftermath of Crisis**, by Lawrence Calhoun, Ph.D. & Richard Tedeschi, Ph.D. Mahwah, NJ

**Rebuilding the Garden: Healing the Spiritual Wounds of Childhood Sexual Assault** by **Karla McLaren**

**The Rape Recovery Handbook: Step-By-Step Help for Survivors of Sexual Assault** by **Aphrodite, Ph.D. Matsakis**

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