

Lesley University

DigitalCommons@Lesley

---

Counseling and Psychology Dissertations

Graduate School of Arts and Social Sciences  
(GSASS)

---

Spring 4-11-2024

## Sexual Assault and The Impact on Identity and Mothering: Women's Lived Experiences

Madelin Cerullo  
mcerullo@lesley.edu

Follow this and additional works at: [https://digitalcommons.lesley.edu/counseling\\_dissertations](https://digitalcommons.lesley.edu/counseling_dissertations)



Part of the [Social and Behavioral Sciences Commons](#)

---

### Recommended Citation

Cerullo, Madelin, "Sexual Assault and The Impact on Identity and Mothering: Women's Lived Experiences" (2024). *Counseling and Psychology Dissertations*. 27.  
[https://digitalcommons.lesley.edu/counseling\\_dissertations/27](https://digitalcommons.lesley.edu/counseling_dissertations/27)

This Dissertation is brought to you for free and open access by the Graduate School of Arts and Social Sciences (GSASS) at DigitalCommons@Lesley. It has been accepted for inclusion in Counseling and Psychology Dissertations by an authorized administrator of DigitalCommons@Lesley. For more information, please contact [digitalcommons@lesley.edu](mailto:digitalcommons@lesley.edu), [cvrattos@lesley.edu](mailto:cvrattos@lesley.edu).

SEXUAL ASSAULT AND THE IMPACT ON IDENTITY AND MOTHERING:  
WOMEN'S LIVED EXPERIENCES

A Dissertation

submitted by

MADELIN DEE CERULLO

In partial fulfillment of the requirements

for the degree of

Doctor of Philosophy

LESLEY UNIVERSITY

June 2024





**Appendix C**

**Dissertation Final Approval Form**

**Division of Counseling and Psychology**

**Lesley University**

**This dissertation, titled: *Sexual Assault and The Impact on Identity and Mothering: Women's Lived Experiences* as submitted for final approval by Madelin Dee Cerullo under the direction of the chair of the dissertation committee listed below. It was submitted to the Counseling and Psychology Division and approved in partial fulfillment of the requirements for the degree of Doctor of Philosophy Degree at Lesley University.**

**Approved:**

---

**Dr. Donna San Antonio, EdD, Committee Chair**

---

**Dr. Sarah Schwerdel, PhD, LMHC, Committee Member**

---

**Dr. Ellen R. DeVoe, PhD, LICSW, Committee Member**

---

**Dr. Peiwei Li, Ph.D, HSP, Program Director**

---

**Dr. Meenakshi Chhabra, Ph.D., Graduate School of Arts and Social Sciences Dean**

**4/11/2024**

---

**Date of Final Approval**

## ACKNOWLEDGMENTS

To the participants, it would be hard for me to fully express the gratitude I feel for each of you. Your ability to tell your story and invite me to hold a part of your life for a moment in time was brave and inspiring. I know the world of survivorship is better with you all in it, guiding those to a hopeful place of healing.

Dr. San Antonio, your presence alone allows for deep connection and grounding. Your guidance through the process in holding space for the complexity of the topic I choose while empowering me to see my capabilities in executing the work is something I will be forever grateful for. You truly developed me into a researcher, and I could not have asked for a better mentor to do so given the care and intentionality you put for into your own participants and research. I know this isn't the end of our work together and look forward to whatever is to come of our relationship.

Dr. Sarah Schwerdel, I am so fortunate that our paths crossed in the way they did. I remember the first time meeting with you knowing that you would be an essential part of my committee. Having gone through the program yourself, foundationally connecting to the importance of centering women's experiences, and the candid reflections of the difficult balance of being a clinician and researcher, I was constantly learning from you. I couldn't have asked for a better cheerleader in consistently reminding me that I could do that work no matter how insurmountable it seemed.

Dr. Ellen Devoe, I am so very grateful for you taking on this work with me and the care and thoughtfulness you brought. I did not quite realize the impact someone outside of our community of Lesley would have on my thinking and understanding of the topic. Your content

expertise and knowledge of trauma, women, and feminist theory challenged me to ask questions and engage in the work in a way that I may not have. Thank you.

To the other faculty members of the doctoral program, I have developed into a researcher and a scholar because of your guidance and support. Thank you.

Adam Mooney, I am not sure you will ever fully understand the impact you had on me. You navigated the very challenging moments of my writing journey with me. You wouldn't allow me to listen to my inner writing critic and always championed me, even when it felt impossible. Most importantly, you kept me laughing and for that, I am so appreciative.

To Jean, Heather, and Erica, you all developed me as a writer in a way that I did not believe was possible. You helped me to transfer my voice onto paper, empowered me in moments when I didn't believe I could do it, or that people would care what I had to say. I will carry you all in future writing to come.

Lesley Cohort, I was able to be my true academic self with you. I could share where I fell short and where I excelled, process my thinking in a way that I confidently knew you would receive, support, and push me to grow. I found my community in you all. Let this just be the beginning for us as colleagues.

To my mom, for inspiring me to do this research. You were the first to let me hold your story.

To my dad, for being my unwavering support. I will never fully capture how much of you I aspire toward—your thoughtful desire to understand someone's story so they feel seen. You never miss an opportunity to tell me how wonderful you think I am, particularly when I feel like my least wonderful self.

To my sisters, even when you don't know how to support, you always show up ready to.

To Elijah & Olivia, your mere existence provides me with so much joy.

To Al, who always believes in me before I believe in myself. You are my true blue.

**DEDICATION**

To all that have felt their voice was lost after a sexual assault. Your story is yours to tell.



### ABSTRACT

Literature on traumatic events, particularly those of a sexual nature, suggests that these events have an impact on one's wellbeing and ability to parent. However, limited literature centers a women's experience, with little attention focused on identity formation, the role of mothering, and healing as an outcome (Babcock et al., 2015; Clifford et al., 2020). Much extant literature focuses on predetermined themes that narrow participants' reports and fail to capture lived experiences (Carothers Bert et al., 2009) with emphasis on significant disruptions to lives because of the traumatic event (Clifford et al., 2020). When literature considers these topics as part of understanding traumatic events, there is an opportunity to do so more robustly. In the present study, specific focus was given to understanding women's development across time, particularly as it related to identity and healing in the mothering role, through a feminist ideology. Utilizing a narrative, semi-structured interview protocol, 10 women were asked to reflect on questions related to their identity, mothering, and healing trajectory, while connecting to their sexual assault experiences. Participant narratives included themes of self-awareness, self-acceptance, and empowered trajectories of healing and connection in the face of a violent trauma. As part of this evolution to healing, participants examined their experiences prior to and following their assault(s). Participants accessed therapeutic relationships, advocacy, and community support groups to deepen self-reflection and understanding outside of the isolated event itself.

*Keywords:* self-identity, narrative, mothering, relational connection, sexual assault, post- trauma healing

## Table of Contents

CHAPTER ONE: INTRODUCTION.....	1
Statement of Research Problem .....	2
Context and Reflexivity .....	3
Research Question.....	5
Purpose of Research .....	5
Conceptual/Theoretical Framework .....	6
Structural Considerations of Gender and Race .....	6
Trauma.....	7
Attachment .....	7
Identity Development .....	8
Definition of Key Terms .....	8
Self and Other.....	8
Social Context .....	9
Sexual Trauma.....	9
Research Design Overview .....	9
CHAPTER TWO: LITERATURE REVIEW .....	10
Inclusion and Exclusion Criteria .....	10
Conceptual Framework .....	11
Theories Related to Self-Identity.....	12
Theories Through a Social Lens.....	21
Perceptions and Attitudes of Parenting Following a Sexual Assault .....	27
Parenting and Mental Health .....	30
Parenting and Supportive Intervention.....	32
Parenting and Connection.....	35
Methodological Literature Review.....	39
Qualitative Methodologies .....	40
Quantitative Methodologies .....	40
Conclusion.....	41
CHAPTER THREE: METHODS .....	42
Research Question.....	42

Qualitative Research Design .....	43
Phenomenological Approach.....	43
Interpretive Phenomenological Analysis.....	43
Critical Theory.....	43
Epistemological Stance and Assumptions.....	44
Constructivism.....	45
Role of the Researcher .....	45
Methodology .....	47
Sampling Method and Recruitment.....	47
Participants .....	48
Data Collection.....	49
Data Analysis.....	51
Validity Strategies .....	51
Ethical Issues and Implications .....	53
Multicultural, Diversity, Social Justice Perspectives .....	55
Chapter Summary.....	56
CHAPTER FOUR: FINDINGS .....	57
Navigating Identity Formation .....	58
Identity Shaped by Sexual Assault .....	59
Identity Shaped by Complex Formative Experiences .....	62
Identity as Mothers Impacted by Sexual Assault .....	65
Identity as Mothers Informed by Self Reflection beyond Trauma/s .....	67
Perception of Self as a Mother .....	68
Fear and Doubt .....	71
Losing Self-Identity in Role of Mothering.....	72
Navigating Mothering Role and Practices .....	73
Language and Messaging .....	74
Perspectives of Gender .....	76
Safety and Protection.....	77
Control.....	78
Triggers and Challenges .....	79

Navigating Healing .....	81
Barriers to Healing .....	82
Pathways to Healing .....	84
Platforms of Healing.....	85
Cross-participant Analysis .....	91
Elapsed Time Between Assault and Interview .....	92
Age of Participants and Age of Participants' Children .....	92
Single and Multiple Experiences of Sexual Assault .....	93
Chapter Summary.....	94
CHAPTER FIVE: CONCLUSIONS .....	95
Interpretation of Findings.....	96
Loss of Voice .....	97
Power Over .....	98
Dissociation .....	99
Internalization.....	100
Loss of Core Identity .....	101
Attunement .....	102
Relational Connection .....	103
Care for Others .....	104
Finding One's Voice .....	104
Self-reflection and Awareness.....	105
Vulnerability .....	107
Sense of Self .....	108
Connection and Healing .....	110
Self-Acceptance.....	111
Autonomy .....	114
Care for Others .....	115
Social Justice Considerations .....	116
Race .....	116
Social Class .....	119
Conclusions, Limitations, and Implications .....	120

Discussion.....	120
Limitations.....	120
Implications .....	123
Final Reflection .....	127
REFERENCES .....	129
APPENDIX A: DEMOGRAPHIC SURVEY .....	146
APPENDIX B: INTERVIEW PROTOCOL.....	147
APPENDIX C: RECRUITMENT REQUEST EMAIL.....	149
APPENDIX D: RECRUITMENT FLYER.....	152
APPENDIX E: CONSENT FORM .....	153
APPENDIX F: PARTICIPANT RESOURCES .....	157
APPENDIX G: IRB PHRP ONLINE TRAINING CERTIFICATE .....	158

## CHAPTER ONE: INTRODUCTION

The complexity and nuanced experiences of trauma are underdiscussed in U.S. discourse, and narratives around sexually-based traumas are particularly negative. Such negative perceptions can lead to the assumption that individuals never heal from sexual assault and rape experiences. Academic research and literature often mirror this lack of attention to healing. While some literature focuses on post-traumatic growth (Jayawickreme & Blackie, 2014), ways individuals understand and heal from their traumatic experiences are underrepresented in extant research. Specifically, there is a gap in research that considers identity formation, mothering, and healing following a women's lived experiences of sexually-based traumas.

Negative discourses around sexual assault can isolate and alienate those who experience them (Gueta et al., 2020; Stauss Swanson & Szymanski, 2020), and best practices rooted in assumptions and generalizations may not create adequate pathways to healing. The present research seeks to address these challenges by focusing on the role of mothering following a sexual assault or unwanted sexual encounter. First, by giving voice to individuals' lived experiences, the field might develop more responsive supports and build communities of healing, thus helping individuals feel less isolated. Second, perspectives from this study offer new ways to define and support relational connectedness within the family system. Third, broader dispersal of this research could inform how communities understand and discuss sexual assault and unwanted sexual encounters.

Sexual assault within oppressed and marginalized communities perpetuates trauma at individual, societal, and systemic levels. Recent research by Gomez and Gobin (2020) showed further that sexual trauma has a greater impact on members of oppressed and marginalized groups. Thus, emerging research on these topics must engage and understand the intersectional

connections between trauma, gender, and other factors contributing to historical marginalization such as race or housing status. However, much extant research is based on quantitative approaches that employ survey instruments. Such approaches do not open space for the individual to reflect and provide responses to their own experience; instead, they invite generalization.

By contrast, the present research emphasized the healing journey, highlighting the healing that happens over time, and barriers that can arise in the process of healing. In designing the research, I was determined to elevate the voices of mothers impacted by sexual assault and open space for them to give context to their own experiences. At a systemic level, I sought to influence how sexual assault and rape are acknowledged, discussed, and understood in the literature and in societal discourse. Specifically, the present study responds to the stigma associated with sexual assault and rape, underreporting of such events, and unsupportive communities that perpetuate sexually violent acts.

In this chapter, I discuss the research problem, highlight the study purpose and goals, and explore my positionality regarding the research. I highlight my social justice aims and provide a summary of literature on the topic. Chapter 1 ends with a summary of the research design methods fully elaborated in Chapter 3.

### **Statement of Research Problem**

Despite significant rates of sexual assault in the U.S., scant literature centers the voices of the women who have experienced it. Many studies rely on predetermined themes that narrow participant self-reports and fail to capture the fuller scope of experience (Carothers Bert et al., 2009). In addition, literature tends to focus on childhood experiences. While studies examining motherhood note the influence of traumatic childhood experiences on later parenting, few focus

on sexual assault in emerging adulthood—a fundamental age for identity formation (Shalka, 2019). Thus, I focus on the impact of sexual assault/unwanted sexual encounters on identity development across time, primarily across an individual's life span. Much of the narrative around sexual assault/rape is focused on negative outcomes, emphasizing that those who have these experiences tend to have significant disruptions to their lives beyond the traumatic event (Clifford et al., 2019). The present research highlights the possibility of posttraumatic growth by specifically asking questions around participant healing. Finally, existing research about sexual assault and parenting is often heavily centered on maladaptive parenting (Babcock et al., 2015). More research is needed to learn how women who have experienced sexual assault go on to heal and develop positive connections as mothers. The intent of this research is to gain greater insight into how individuals who have experienced sexual assault and unwanted sexual experiences perceive themselves through the context of their role as mothers.

### **Context and Reflexivity**

I have a fundamental commitment to dismantling oppressive practices that drive continued structural trauma and stigmatize individuals of various backgrounds and cultures. Thus, I am driven to advocate for those who cannot advocate for themselves. Part of this advocacy requires centering individuals' voices to understand their lived experiences of sexual assault. In my work as a mental health clinician, I engage with clients from a holistic and systems approach; and I invite discussion of the interplay between individual's personal experiences and how they show up in different parts of their life, including roles and relationships.

As a researcher, I am seeking to understand the nuances of oppression from a critical lens and acknowledge that social, cultural, and political values influence the collective understanding



of trauma (Carspecken, 1996). Egon Guba (as cited in Carspecken, 1996) further analyzed the idea of value identification, stating that research can either disenfranchise or empower individuals. Carspecken (1996) noted that value identification is not simply identifying values; it gives context to those values through data analysis. While the present research will use a phenomenological methodology that centers the understanding of each mother's individual experience, it is important to use a critical lens, specifically considering a value identification, to conceptualize how individuals are located within a social context (Grzanka et al., 2019).

My identity and personal connection to the topic are worth noting, as I approach research through my own lens and biases. My social status and identity as a cisgender White woman privilege me within the greater sociopolitical context. Yet, I also understand experiences of oppression and marginalization because of my gender identification. This recognition requires a level of reflexivity to avoid unconscious bias when collecting and analyzing data.

When I was a middle school-aged child, I learned that someone close to me had experienced rape. I came to understand this individual's lived experience and that sexual trauma deeply informed how she defined herself and her role in mothering. From my perspective, this individual learned to be her own fearless protector, and the impact of this was two-fold: 1) this served her in healing as she felt more in control, and 2) it disconnected her from those that she was closest to, including her children at times. As I gain experience in the field of psychology and work closely with communities that have experienced trauma, I have witnessed and acknowledge the stigma and narratives that disrupt one's ability to move from trauma to a place of healing. This barrier permeates many aspects of one's life, often re-traumatizing and perpetuating ongoing cycles of trauma across generations. Cycles of trauma are rooted in themes of patriarchy, discourse, and societal landscape of misogyny. My own personal connection in

conjunction with my professional experience led me to understand trauma from an individual's lived experience and the greater sociopolitical factors. As I read about the women's liberation movement, sexual assault and rape culture, and the shame associated with sexual traumas, I felt compelled to continue to bring awareness to this problem, lifting the narrative to focus on healing individuals, and by extension, communities.

### **Research Question**

The following research questions guide the present study:

- How do women who have experienced sexual assault perceive themselves as mothers?
- How do women who experience sexual assault construct their identity, in reaction to their experience?
- What other factors related to the experience of sexual assault and potential healing experienced, shaped how mothers see themselves?

### **Purpose of Research**

This study centered mothers who experienced sexual assault or unwanted sexual encounters. It explored the identity development that happens within emerging adulthood in relation to their perception of themselves as mothers and the healing that can happen following a sexual assault or unwanted sexual experience. Through listening and observation, my findings may disrupt the discourse around sexual trauma and decrease the associated stigma. Likewise, my research locates systems that support and enable individual perpetrators, especially in oppressed and marginalized communities. I hope my findings lead to consciousness-raising around the ideology sexual assault culture creates, and how that is an integral part of intervening and supporting those who experience sexually based traumas.

### **Conceptual/Theoretical Framework**

The theories presented here address structural considerations of gender, race, and trauma. Intersectionality informed by critical race theory, addresses both systems and individual components specific to attachment theory, as it is related to the understanding of identity development and mothering.

#### **Structural Considerations of Gender and Race**

I view my research through a feminist lens (Sprague, 2006), as informed by intersectionality (Crenshaw, 1989). One of the goals in counseling and psychology is to provide a safe space for healing and growth by supporting the unique voices of individuals. Emphasizing feminist perspectives, I worked to ensure that mothers' voices are not excluded from the narrative of sexual assault research. Approaching this research from a feminist lens is to understand the social construction of gender and power, and how gender and power relate to sexual violence. In considering this construction as a researcher, I felt compelled to understand the experience of sexual violence and how it is interpreted through the social constructions of gender and power. The way in which we understand gender is through patriarchy and subsequently, the themes are embedded in our society. We cannot consider sexual violence, the role of mothering, and healing without considering these dominant themes.

Intersectionality is "a lens through which you can see where power comes and collides, where it interlocks and intersects" (Crenshaw, 2017, p. xx). In considering sexual violence and unwanted sexual encounters, it is important to review the historical underpinnings. For example, intersectionality highlights the fraught assumption that enslaved men and women had the same experience of oppression. In fact, Black women were impacted by oppression from both their positions as women and as enslaved Black individuals. Intersectionality further encourages

society to consider additional identities that create further oppression. This holds implications for this research project, as it reinforces the importance of future research that gives voice to the experiences of Black women who have experienced sexual assault and the importance of intersectionality. Centering voices specific to this work such as hooks (2015) and Crenshaw (1989) will reinforce this commitment to promoting research of marginalized populations and identities.

### **Trauma**

Trauma theory was a central part of this research for understanding participant responses. Before trauma theory developed, many individuals who experienced traumatic events were pathologized as weak (Bloom, 2013). The development of the theory further contextualized the individual's experience in response to a traumatic event, specific to their physiological and psychological reactions (Richmond et al., 2013). In addition, the conjunction of trauma theory with a feminist approach helps to inform healing practices that center on the individual experience. Furthermore, highlighting positive identity development and disrupting the discourse around blame and minimizing is specific to this analysis of sexual assault (Richmond et al., 2013).

### **Attachment**

The review of mothering is grounded in attachment theory, which highlights the bond that can occur between an infant and their caregiver (Bowlby, 1988). One aspect of attachment is that when there is a disruption, the bond between caregiver and child can be fractured (Bowlby, 1988). Understanding mothering and how it can be impacted by sexual assault, specifically as it relates to the connection mothers develop with their children, is critical to this research. Furthermore, trauma histories can significantly impact mothers' ability to attach to their infants

(Choi et al., 2020). Understanding attachment style between mother and child and accessing support following a sexual assault or unwanted sexual encounter could further healing (Barazzone et al., 2019).

### **Identity Development**

Notions of identity development are highlighted in Gilligan's (1993) framework. Theories specific to identity development are connected across the lifespan. Theorists such as Erikson (1963) and Freud (1923/1949) are considered part of the theoretical framework that supports this research, as well as Roger's (1950) and Arnett's (2004) more recent literature around emerging adulthood. The goal of using identity theories here is to heighten awareness of women's perceptions of their role as mother. This can include the internalization process a victim experience following a sexual assault whereby they incorporate self-blaming and minimization of such events.

### **Definition of Key Terms**

#### **Self and Other**

Self-identity is "how an individual perceives oneself in the context of their social, gender and/or occupational roles and the meaning they attribute to these" (Kouvelis & Kangas, 2021, p. 119). Self-concept "denot[es] the beliefs one holds in relation to their personal attributes and how they perceive how others view them" (p. 119). Narrative is a story based on one's beliefs and perceptions. Mothering describes the experience a woman holds as it relates to perceptions of child and mother connection. Relational connectedness refers to the innate human need to connect for overall wellbeing (Jordan, 2017). In mothering, relational connectedness also refers to the parent-child dyad and the level of attunement to other's needs and wants (Frosch et al., 2019).

**Social Context**

Patriarchy is a hierarchical societal order that places men above women (Brown, 2018). Dominant (dominator) culture is focused on capitalist patriarchal ideologies that consider individuals outside of the dominant White culture unworthy and inferior (hooks, 2003). Marginalized/oppressed populations are communities whose members are excluded based on their race, gender identify, sexual orientation, age, physical ability, language, immigration, or socioeconomic status (Sevelius et al., 2020).

**Sexual Trauma**

Sexual trauma is the outcome following a sexual assault or unwanted sexual encounter. Sexual assault or unwanted sexual experience are sexual contact or behaviors that occur without explicit consent by victims, including attempted rape, fondling or unwanted touching, or forcing a victim to perform sexual acts (RAINN, n.d.). Rape is defined as sexual penetration without consent (RAINN, n.d.).

**Research Design Overview**

The research project was qualitative in design with a phenomenological approach, focusing on the lived experiences of women who have experienced sexual assault during emerging adulthood and who are mothers. Purposeful sampling (Smith & Nizza, 2022) was used to conduct targeted outreach to stakeholders who work directly or indirectly with potential participants who meet inclusion criteria. Semi-structured interviews were utilized for data collection, and I employed interpretative phenomenological analysis, or IPA (Smith & Nizza, 2022), to identify themes that materialize from data analysis. To support qualitative data analysis, I used MAXQDA software.

## **CHAPTER TWO: LITERATURE REVIEW**

The present study aimed to understand the lived experience of women impacted by sexual trauma, focusing on three research questions: How do women who have experienced sexual assault or unwanted sexual encounters perceive themselves as mothers? How do women who experience sexual assault construct their identity, in reaction to their experience? And what other factors related to the experience of sexual assault and potential healing experienced, shaped how mothers see themselves? The research regarded women's sexual trauma through a feminist lens, focusing on the intersection of gender oppression and experiences of trauma in marginalized populations.

The first section below provides inclusion and exclusion criteria for literature in this review. A review of literature related to this study's conceptual framework follows, beginning with a discussion of trauma, particularly sexual trauma in women, and continuing to identity theory and attachment, feminist and relational cultural theory, critical race theory, and intersectionality. The empirical literature review then examines methodologies of studies concerning trauma, self-identity, and parenting. The chapter conclusion ties previous methodologies to the planned methodology for this dissertation.

### **Inclusion and Exclusion Criteria**

This literature review was developed using a logically sequenced plan. I began my research by exploring scholarship about broad terms like "trauma" and various populations published within the past 10 years. In further defining my research, I then explored the literature within this same period related to sexually based traumas. Expanding on this search criteria, I included search terms such as parenting, mothers, and mothering. After noting the high volume of literature focused on women who had experienced childhood sexual abuse, I further examined

the literature specific to unwanted sexual encounters that occurred post-adolescence. This allowed me to initially discover a limited amount of literature on this period of development. Next, I narrowed my inquiry to the lived experiences of mothers who experienced sexual trauma during adolescence and young adulthood. Search terms included sexual trauma, sexual assault, rape, and unwanted sexual encounters, while narrowing the literature specific age to adolescence and young adulthood. With identity within the context of motherhood being another central factor in this research, I introduced search terms such as self-identity, self-concept, parenting, motherhood, and developmental theorists, specifically Erikson, Freud, Rogers, Gilligan, and Arnett. Last, to ensure that I was centering marginalized and oppressed mothers with a focus around lived experiences, I included research specific to qualitative data collection and utilized search terms such as marginalized groups and minority groups. Databases that were utilized for all the sources were accessed through Lesley University Library's online portal and Google Scholar. EBSCO Host, JSTOR, PubMed, ScienceDirect, APA PsycInfo, ResearchGate, SAGE, and Academia were used to access peer-reviewed articles.

I attempted to consider the positionality of the researchers and the varying perspectives that may be present as part of the research. By reviewing critically, I sought to include readings and research outside of those in the most common and privileged positions.

### **Conceptual Framework**

My theoretical framework emerges from the work of Laura Brown (2018) and Judith Herman (1992/1997) as well as others who hold a feminist perspective on trauma, self-identity, and parenting relationships. It also highlights the work of theorists in the parenting field such as Mary Ainsworth (1978) and John Bowlby (1988) and their work with attachment. This review critically analyzes literature that is grounded in the foundational theoretical history of trauma,



self-identity, and parenting. It then proceeds to relevant strands of social theory, encompassing social relational theory, feminist theory, and intersectionality.

### **Theories Related to Self-Identity**

#### ***Trauma***

This section begins with a review of the literature regarding trauma, including definitions and theories of trauma, followed by an explanation of the development of trauma theory. An understanding of trauma is foundational to the conceptual framework that guides this literature review. According to the National Council of Behavioral Health (n.d.), approximately 70% of individuals in the United States have experienced trauma. That number probably does not represent all instances because trauma is underreported and misdiagnosed (Tucker, 2002). Primary care physicians, psychiatrists, and pediatricians frequently do not screen for trauma (Maunder, 2020). Trauma is still dismissed, causing experiences to be questioned and reinforcing shame-filled narratives (DeCou et al., 2019; Fielder, 2014).

**Definitions of Trauma.** Trauma is a vast topic, studied from many theoretical perspectives (Gilmoor, 2019); thus, researchers' definitions of trauma vary (Brown, 1991; Herman, 1992/1997). Judith Herman (1992/1997) defined trauma from a psychological and neurological perspective. She noted that threats to life, specifically in close, violent, physical interactions, cause a neurological response, overstimulating the brain. The psychological trauma response developed can be learned helplessness, affect dysregulation, and hypervigilance (Richmond et al., 2013). Another way researchers have theorized trauma is to divide it into the categories of *simple* or *complex*, with complex most often being a series of invasive and interpersonal events that can have a lasting impact on sense of self (op den Kelder, 2017). Trauma can also be differentiated into "Big-T" and "small-t" (Gilmoor et al., 2019; van der

Kolk, 1989) traumas. “Big-T” *Trauma* includes events that are highly disturbing and disrupt the individual’s ability to cope, often meeting criteria for post-traumatic stress disorder. “Small-t” *trauma*, the more common form, results from experiences such as humiliation. “Small-t” trauma can have lasting effects on emotional well-being (Gilmoor et al., 2019; van der Kolk, 1989).

The dominant culture (i.e., White, cisgender heterosexual adult males) has largely defined trauma in the past (Brown, 1991; Jordan et al., 1991). Kienzler (2008) noted that early post-traumatic stress disorder (PTSD) criteria for trauma was specific to experiences of war within the male population. However, theoretical frameworks for trauma have continued to evolve. Specifically, Herman (1992/1997) introduced the concept of complex post-traumatic stress disorder (C-PTSD), capturing human experiences that were far more common, like sexual assault and rape, to be established in the definition of trauma. Because of the male voice defining trauma, women and girls often internalized these experiences to be normal or ones that should not be shared. Centering the voices of women who have experienced sexual trauma will provide a more in-depth understanding of their perception of this experience in the context of self-identity and parenting. The meaning an individual gives to their experience provides an understanding of it that is on their own terms, as they perceive the events to have occurred (Smith et al., 2012). This meaning and understanding are essential as part of the healing process individuals move through following a traumatic event.

Post-traumatic growth describes positive, at times, transformative psychological changes in individuals who have experienced trauma (Jayawickreme & Blackie, 2014). It stands in opposition to understandings of trauma that emphasize negative outcomes. The concept of post-traumatic growth raises the possibility of positive outcomes and fosters dialogue. The dialogue can then inform therapeutic implications. My intent is to shift the narrative to healing and

relational connectedness for women with trauma histories. The next subsection provides an overview of the development of trauma theory.

**Origins of Sexual Trauma Theory.** Historically, trauma has been underdiscussed and treated as taboo in societal discourse. The conceptualization of trauma has dismissed female experiences of incest, rape, and sexual assault as hysteria (Herman, 1992/1997). Although Freud did not invent the concept of hysteria, and its meaning is now quite different, he provided a definition in his 1893 writings with Breuer. Freud and Breuer viewed hysteria as the re-actualization of past sexual traumatizing experiences (Bogousslavsky, 2020). Hysteria was diagnosed primarily in White women, and associated with stereotyped female weakness (Herman, 1992/1997).

According to Freud's 1896 seduction theory, unusual behaviors such as mutism, feelings of being choked, and seizures resulted from sexual traumas (Anderson, 2012). Freud shifted his definition of seduction theory in 1897, stating that these behaviors were not the result of sexual traumas but instead were women's sexual fantasies (Anderson, 2012). Herman (1992/1997) later described Freud's recantation of his theory of sexual traumas: "Freud's discovery could not gain acceptance in the absence of a political and social context that would support the investigation of hysteria, wherever it might lead" (p. 18). The response Freud had received from the community of professionals he associated himself with reinforced that individuals were not ready to accept reports from his patients as acts of sexual abuse because many of these men in his professional community were male perpetrators themselves (Herman, 1992/1997). It could be argued that this lack of acceptance permeates our current sociopolitical context. However, unlike Freud's professional setting, many researchers, and practitioners within the counseling and psychology

field currently recognize the existence of sexual abuse and its impact on the communities that they support (Carothers Bert et al., 2009; Clifford et al., 2020; Ehrensaft et al., 2015).

A critical examination of the early theories about women's sexual trauma was necessary to understand the greater sociopolitical inferences. Given the dominant culture of patriarchy, oppressive and assaultive acts by men against women and children were silently accepted (Herman 1992/1997). During the women's liberation movement, it became more apparent that despite women and girls' higher likelihood of experiencing trauma, the narrative most often centered around the male experience of trauma. This critical examination of women's sexual traumas gave us insight into the normalcy created around secrecy and silence. Herman (1992/1997) expressed elements of the women's liberation movement under the action of "consciousness-raising" where women came together to share their meaning of their traumatic experiences. Doris Lessing (1986, as cited in Herman, 1992/1997) captured the weight of consciousness-raising in a poem:

Today  
in my small natural body  
I sit and learn—  
my woman's body  
like yours  
target on any street  
taken from me  
at the age of twelve ...  
I watch a woman dare  
I dare to watch a woman

we dare to raise our voices. (p. 29)

This poem rejects what many women had internalized because of the normative understanding that their experiences were not what they believed them to be, a violation of their physical body, safety, and security. Central to the research conducted, Lessing expressed the need for connection to heal following a traumatic event. Connection also informs identity formation. When considering the mothering role, an important aspect was considering how connection was a pathway to both identity development and healing. As this research aims to identify the correlation between trauma and the development of identity in emerging adulthood, an exploration of identity theories follows.

### ***Identity Theory***

Self-concept is the notion that individuals have an idea or set of ideas of who they are based on their memories, experiences, and emotional responses (Oyserman, 2001). It is influenced by successes and failures across the lifespan (Brown, 1998, as cited in Oyserman, 2001). This study attends primarily to identity across adulthood and how identity development may shift when taking on the new role of mothering.

**Origins of Identity Theory.** The origins of self-concept trace back to Freud's psychoanalytical work on self-understanding (Lapsley & Stey, 2011). Freud's work centered on three agents within the human psyche: the id, the ego, and the superego. The id was defined as the most primitive part of one's personality. The ego is the evolved id, influenced by the external world. The superego, the "ideal" one, captures one's goals and ideals (Lapsley & Stey, 2011). Freud's psychoanalytical work was foundational in understanding the self.

Building upon Freud's work, in the 1950s Erik Erikson introduced a model consisting of eight stages of lifespan development (Orenstein & Lewis, 2021). The use of this model for the

current research attends to how experiences relate to individual's perceptions of themselves. When disruptions occur, such as a sexual assault, an individual's acceptance of who they are and roles they later hold, such as mothers, may be impacted negatively. Erickson's model recognized the influence that biological, psychological, and social factors had on human development (Orenstein & Lewis, 2021). Erikson argued that there are two opposing tendencies in people, adaptive and maladaptive development, depending on whether the adaptive behavior is adopted and internalized by the individual (Orenstein & Lewis, 2021). In exploration for this research specifically, Erikson's stages 6 through 8 will be the primary focus given the connection to the developmental age (20-40) of the research participants. These three stages focused on psychosocial development are intimacy versus isolation, generativity versus stagnation, and integrity versus despair. In exploration of these stages, the primary factors connected to this study examine ideas related to building relationships with others and contributing to a life that feels meaningful, such as becoming a mother. In the final stage, Erikson notes individuals may have the capacity to look back with reflection around who they are beyond experiences. In the case of this study, reflection may consider traumatic experiences such as sexual assault.

Carl Rogers developed his personality theory, grounded in humanism, in 1950 (Ismail & Tekke, 2015). Utilizing components of Maslow's Hierarchy of Needs from 1948, Rogers focused on self-actualization as the foundation of self-identity (Ismail & Tekke, 2015). Three primary areas of self-actualization are self-image (who an individual believes they are), self-esteem (how much value is placed on the self), and ideal self (what the individual hopes to be) (Ismail & Tekke, 2015). Oyserman (2001) noted that "what we remember, how we remember it, and the sense we make of our experience are each importantly shaped by our self-concepts" (p. 501). Self-determination is essential to the formation of identities and roles, the foundation for this

research. Understanding women's experiences and how those experiences inform their identity and roles, Oysterman (2001) further reinforces the idea that events like sexual assaults are internalized by individuals, and continue to shape who individuals becomes, including roles they take on, such as mothers.

**Identity in Emerging Adulthood.** The theories of self-concept reviewed here are relevant to this study as they highlight the transition from youth to adulthood and how identity is evolving, based on internalized and externalized influences. Emerging adulthood is key to this research because most literature on sexually based traumas focuses on experiences in childhood and adolescence and does not differentiate between the two (Zavara et al., 2017). This research examines potential development and shifts in self-concept for women who experience sexual assault during this formative stage.

Jeffrey Jensen Arnett (2004) advocated for emerging adulthood, ages 18–29, to be recognized as a new developmental phase. He derived his theory from interviews with 300 young people nationwide, asking what they wanted out of life. Arnett observed broad similarities across differing identities and statuses in this age group. He outlined five key features for emerging adulthood: identity explorations, instability, self-focused age of life, feeling in-between (neither adolescent nor adult), and the age of possibility. *Identity explorations* allow individuals to learn more about who they are and who they want to become. *Instability* refers to shifts in who individuals see themselves as, resulting from exploration. *Self-focused age* refers to developing the skills of daily life. *In-between* refers to the ambiguous state of feeling neither adolescent nor adult. Last, the *age of possibilities* denotes high hopes and expectations for the future.

Arnett's work demonstrated that many emerging adults remained closely connected to their parents/caregivers while looking for their own individuality (Munsey, 2006). Munsey found

that young women, especially, felt familial pressure to achieve relational markers of adulthood—finding a partner and beginning a family. Arnett’s five key features are useful to this intended research as it amplifies the important transition that is made throughout adulthood from a more progressive lens. The five key features highlight the nuances and complexities of adulthood and how those impact one’s identity. In alignment with this research, Arnett’s work allows for individuals to understand the disruption caused at this developmental age by a trauma such as sexual assault, and how that may impact how one sees oneself in isolation and in conjunction with their future role as mother.

### ***Attachment Theory***

Attachment theory is fundamental to understanding trauma and how it relates to relationships, connection, and parenting (Johnson, 2019). Attachment style has shown to be directly correlated to how one expresses, processes, and perceives traumatic events later in life (Koback et al., 2004). In the context of this study, individual’s attachment style may become more pronounced or activated following an experience of sexual assault. Additionally, sexual assault’s impact on identity formation is mediated with the idea that self-esteem/concept is directly connected to one’s attachment style (Shen et al., 2021), an observation closely related to what Erikson outlines as intimacy versus isolation. Last, implications around how one copes and its connection to attachment can be directly associated with this research's intention in examining experiences of healing.

John J. Bowlby’s (1969) attachment theory posits that some infants can establish a relationship with their primary caregiver whom they look to when they feel emotions such as fear (Gojman de Millan & Millan, 2019). Based on decades of research, Bowlby (2008) found



that the connected human experiences, healthy engagement between caregiver and their child, in the infancy and toddler stages were central to healthy development later in life.

Mary Ainsworth (1978) further developed attachment theory by introducing four different styles of attachment: secure, ambivalent-insecure, avoidant-insecure, and disorganized. Children exhibiting *secure attachment* used the caregiver as a secure base when exploring a new environment and as a haven of safety when upset (Spies & Duschinsky, 2021). *Ambivalent-insecure* children exhibited anxious symptoms, often seeking out information about their caregiver's availability (Spies & Duschinsky, 2021). Children were identified as *avoidant-insecure* when they directed their attention away from their caregiver, minimizing their appearance of distress (Spies & Duschinsky, 2021). *Disorganized* attachment was later included by Main and Solomon (1990) to describe children with conflicting attachment behaviors.

Johnson (2019) examined that attachment relationships are moderately stable over the lifespan, attachment style can change, and that differing attachment styles can develop in different relationships. The next two subsections deal with attachment issues in adolescence and adulthood.

**Mothering.** Existing research on mothers who have experienced sexual trauma has often failed to center individuals' voices (Carothers Bert et al., 2009). Main et al. (1985) examined mothers' attachment relationships from childhood and how those impacted their attachment to their own child/ren. Mothers who came to terms with negative experiences in their own early attachment relationships could achieve a secure attachment with their child. They processed information separately from their emotional response, allowing themselves to move forward (Bowlby, 1988).

**Sex and Sexual Violence.** Sexual intimacy is one way that individuals form attachments. While consensual sexual interactions can create feelings of attunement, pleasure, and intimacy (i.e., bonding), sexual assault disrupts physical and emotional safety. It can yield extreme emotional reactions such as isolation, anxiety, aggression, and depression (Johnson, 2019), sometimes leading individuals to avoid connection. Thus, when internalized, sexual violence can shift an individual's attachment style (Johnson, 2019).

### **Theories Through a Social Lens**

#### ***Social Theory***

Next, I present theories that ground this research: feminist theory, relational cultural theory, and intersectionality. These theories are essential to analyze the research presented. Social theories allowed for findings to be considered through the lens of centering women's experiences, amplifying women's voices, and understanding relational connection as an integral part of development and healing.

#### ***Feminist Theory***

This research is compelled to consider women's experience because the oppression, stigma, and inequality women face is a problem yet to be resolved. Miller (1986) raised the concern that psychologists had not gained accurate knowledge into a women's experience. Frieh (2020) outlined that stigma reveals social status and social power, or a lack thereof. She also described that our normative conceptions of femininity and masculinity reinforce the inequity of women, with focus on the emotional and vulnerable traits typically associated with women. This reinforces the weakened construct of the female gender previously noted by Herman (1992/1997) as part of the evolution of understanding traumatic experiences in women. Relational cultural theory (RCT) (Jordan, 2018; Miller & Stiver, 1997) and Gilligan's theory of moral development

(1982/1993) are explicitly examples of feminist ideologies. Feminist ideologies examine circumstances specific to gender oppression, an experience that many face following a sexual assault. Specifically, utilization of these theories highlights systems that can influence how women are perceived, how women understand their own experiences, and the assumptions that are associated with both. These assumptions often exert power over women, leading to silence, lack of autonomy, and deferred meaning-making.

### ***Relational Cultural Theory***

Relational cultural theory (RCT) posits that all individuals want to connect with others in a way that provides safety and well-being, and it regards interconnectedness as a basic need (Jordan, 2018). For a relationship to feel that connection is growing, Miller (1988) suggested five necessary elements: zest, personal and relational clarity, self-worth, creative and productive capacities, and the desire for more connection. Mother and child relationships are not considered as part of RCT directly; however, it is worth noting that connection is closely connected to self-identity and perception of self-worth, specific to this research.

Relational-cultural theory is rooted in feminism and psychodynamic theories, with marginalized women's voices at its center (Jordan, 2017). It places "culture alongside connection," which directly breaks a "culture of silence" (Jordan, 2017, p. 230). This research intended to center the individual's experience and creating a space of connection, thus reinforcing elements of relational-cultural theory as outlined by Jordan. This idea of culture alongside connection conflicts with the dominant culture. The dominant culture shames individuals when they turn to others after having experienced a sexual assault/rape. This shame creates stress, which contributes to the complex emotions one feels in response to an experience

of sexual assault/rape (Whitling et al., 2020). Miller (1986) added the concept of condemned isolation—painful feelings of being unimportant or unappreciated.

One area of RCT that aligns with the present research is capturing a holistic understanding an experience without invalidating it (Jordan, 2017). It also supports the creation of narrative around real connection, replacing isolation and healing trauma. RCT recognizes that a traumatic event does not happen to an individual alone, but it is embedded in relationships (Kress et al., 2018). It allows for healing to occur because relationships are developed and sustained (Jordan, 2018).

### ***Theory of Moral Development***

The theory of moral development originated from the works of Lawrence Kohlberg (1958/1981/1984) who focused on the complexity of the human experience of when making personal decisions. A major component of moral development is the progression across a lifespan, at each stage: pre-conventional, conventional, and post-conventional. Within each stage are two separate stages, with individuals experiencing six stages collectively of moral development. Carol Gilligan (1982/1993) challenged Kohlberg's theory, introducing her work in moral development and gender studies with an emphasis on how women often approach moral dilemmas with a different voice, emphasizing care and relationships over abstract principles. Gilligan (1982) critiqued Kohlberg's initial claims of moral development mainly because she noted the absence of women's voices in the sample of participants that Kohlberg's theory was built upon.

As we consider women's development, Gilligan posits the importance of ethical considerations, relational connections, and the context in which experiences are understood is not exclusive to women. Other genders could be thoughtfully examined through this lens. While

such research was not specific to mothering identity, it can be applied to motherhood as it emphasizes caring relationships and responsibilities. The concept of mothering is deeply intertwined with identity, and societal notions that play a significant role in shaping how women perceive themselves. Additionally, Gilligan's impressions signal alignment when considering individuals who have experienced sexual assault. Specifically, the loss of women's voices from the narrative of understanding lived experiences, is parallel to the women's experience of loss of voice following a sexual assault. Women's experiences are often trivialized when reporting and how that is seen as an inability to properly assess and report (Cusmano, 2018).

### ***Intersectionality***

The National Crime Victimization Survey was last published in 2020. The Rape, Abuse, and Incest National Network (RAINN) applies a five-year rolling average to accommodate changes year to year. Based on this data, one in six women experience sexual violence each year. Native Americans are at a greater risk, being twice as likely compared to all races to experience rape/sexual assault (RAINN, 2020). Transgendered college-aged students are at an increased risk, with 21% having experiences of sexual assault (RAINN, 2020). Thus, intersectionality theory, which considers gender identity and racial identity through the context of systemic and societal trauma, is essential. The concept of intersectionality, as defined by Crenshaw (1989), is an integral component of my theoretical framework. Crenshaw described intersectionality as one identity flowing in one direction while another identity is "flowing in a different direction, like traffic flowing at an intersection" (p. 149). Intersectionality has since evolved to highlight the lived experiences of people who face oppression and discrimination due to disability, gender identity, sexual orientation, religion, employment status, and nationality, to name a few (Womenkind Worldwide, 2019).

The role of structural racism in the perpetuation of trauma has been underexplored historically (Quiros et al., 2020). Therefore, critical race theory (CRT) is necessary to the analysis of trauma, particularly for marginalized populations. According to CRT, White culture creates an illusion that multiple perspectives are included when examining racism, while denying other cultural expressions and norms (Cannon et al., 2019). The discourse of trauma can include continued societal beliefs that either do not consider race or reinforce themes of racism. Trauma within the context of a community can include a structural analysis of racism and Whiteness as part of the narrative (Quiros et al., 2020). This narrative can risk becoming a characterization in considering people's experiences as part of their culture, leading to the threat of a single story (Adichie, 2009). As Chimamanda Ngozi Adichie (2009) noted, "if people are seen as one thing repeatedly, that is what they become" (9:33). Adichie (2009) also noted that the danger of a single story is that it "amplifies power in telling a story about people—and that story becomes their story, making one story, everyone's story" (13:28). This acknowledgement by Adichie captured two themes related to this research: (a) generalizations of individual experiences of sexual assault or unwanted sexual encounters have the potential to reinforce structural power inherent within the dominant culture; and (b) it is dangerous to assume all experiences of oppression are the same (e.g., Black women and White women's experiences of sexual assault or unwanted sexual encounters are different).

Applying a critical race theory lens within intersectional theory promotes the consideration of cultural differences across races (Cannon et al., 2019), not just the dominant culture. Stevens' (2016) critical trauma theory focuses on social interactions informed by personal experiences and understood within a social context. This theory considers trauma not based on what it is but what it does to individuals and communities. Trauma may predispose and

propel marginalized communities/populations to potentially traumatic experiences given the societal implications that reinforce experiences such as these to be considered a normative part of a culture.

Race and racism are often omitted from definitions of trauma in resources pulled from the U.S. Department of Health and Human Services: Substance Abuse and Mental Health Services Administration (SAMHSA, 2014) and the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) (American Psychiatric Association, 2013). When race is not considered, revictimization and invalidation of a person of color's (POC) experience become more likely (Quiros, 2020). This research emphasizes that POCs' traumatic events are complex, involving institutionalized and individualized trauma. POCs' traumatic events often include microaggressions and microinvalidations that professionals do not always recognize as traumatic. This failure has implications for how the counseling field acknowledges, understands, centers, and supports POCs' experiences (Bryant & Davis, 2006).

Given the confluence between gender and violent/sexual traumatic crimes, an intersectional approach centers marginalized populations by highlighting the relationship between gender and racial oppression. Crenshaw (1989), for example, discussed Black women's experience of domestic violence and rape and how it differed from that of White women. In the planned research, discrimination will be understood through an intersectional framework, acknowledging that Black women should be heard in the context of both gender *and* race, not simply gender *or* race.

Sexual assault or unwanted sexual encounters impact on individuals should be considered through a structural lens. This theoretical section aimed to acknowledge the importance of both understanding the individual experience of trauma in addition to the structural considerations that

perpetuate and contribute to the ongoing crisis of sexual assault and unwanted sexual encounters. To provide further evidence for this theoretical framework, the empirical section contributes by focusing the attention on peer-reviewed research outlining studies specific to trauma, self-identity, and parenting.

For individuals with a history of trauma, the repercussions can permeate their lifespan development, particularly if they have not had access to support to help them process their experiences. The research presented in this section reveals how trauma can affect mothering and the importance of healing following an event of sexual assault or unwanted sexual encounter. Understanding what contributes to perceptions of mothering is essential in how such challenges impact healing after sexual violence.

### **Perceptions and Attitudes of Parenting Following a Sexual Assault**

Sexual assault or unwanted sexual encounters may shift women's perspective of the role of mothering. A quantitative study conducted by Misic et al. (2021) looked at complex post-traumatic stress disorder (C-PTSD) and how survivors of complex trauma accept or reject parenting. The goal of the study was to better inform support for individuals with C-PTSD so they can accept parenting. The researchers defined *complex trauma* as a response to repeated stressful events within certain relationships. Examples of complex traumas include childhood abuse, and intimate partner-relationship abuse. Complex traumas can increase the likelihood of depression, anxiety, and shame that persists over time. Furthermore, C-PTSD is associated with negative self-worth and low self-esteem, issues that affect the capacity to parent. Misic and colleagues (2021) defined *rejection of parenting* in terms of five negative characteristics: (a) lack of affection, (b) neglect, (c) aggression, (d) control, and (e) undifferentiated rejection (p. 584). They found that when participants had experienced trauma as children or adults, their parenting



suffered. The more complex the trauma, the more significant an impact it had on the mother's parenting. Additionally, they found that social support and resiliency decreased negative parenting behaviors and rejection of parenting. Understanding how individuals perceive mothering following a sexual assault is essential in approaching the healing that develops over a woman's lifespan.

### ***Perceptions of the Role of Mothering***

Previous literature examined how post-traumatic stress disorder affects parenting quality (Christie, 2019); for example, there is research that explores how individuals who experienced abuse as children perceive parenthood (Sandberg et al., 2012). However, few studies have asked how the experience of sexual assault as an emerging adult impacts mothers' perceptions about their role as mother. Therefore, this section notes the gap in research on parents' own perceptions of trauma and its effect on the parent/child relationship.

Kaitz et al. (2009) reviewed various empirical research studies specific to intergenerational transmission of trauma. The researchers culled studies related to parents who experienced traumatic events and the effects that parents' trauma from terror may have on their child/ren. Findings outlined that, when parents have endured trauma, their self-perceptions can be skewed, they are unavailable to parent when their emotional wellbeing is impaired, and they fear for their child's safety. Furthermore, Kaitz et al. highlighted connections between children's and parents' emotional presentations. Slade (2005, as cited in Kaitz et al., 2009) noted that parents might not recognize how their actions present as a potential threat for themselves and/or their child because they are unable to understand or reflect on their own behavior. For instance, they may become easily agitated or angered by a small problem that their child is facing. Last, Kaitz et al. (2009) noted that in their review, they found that mothers who had experienced

trauma often had a heightened sense of fear and insecurity regarding their children and their ability to parent them. Reviewing these studies, the researchers intended to bring awareness to trauma that is larger in scale (outside of the home/acts of violence) and how thoughtful interventions in those events can support individuals.

In a literature review conducted by Lange et al. (2020), researchers analyzed 108 qualitative studies regarding childhood sexual abuse and the effect on maternal parenting. One of the themes gleaned from the review was perceptions of motherhood. The reviewed studies showed that mothers saw themselves both as “good” and “bad” mothers, and researchers indicated that there was a direct split between perceptions of self as mothers due to the impact of childhood sexual abuse. Lange et al. noted that “Multiple studies ( $n = 31$ ; 28.70%) pointed to mothers believing that they were bad mothers,” while “mothers in other studies ( $n = 24$ ; 22.22%) reported that they believed they were good mothers” (p. 154). It is important that Lange et al. discerned between studies with contrasting perceptions of mothers’ perceptions of self in the role of mothering. This review amplifies the need for individualizing experiences as women may perceive their own mothering differently than what generalized data can account for.

Cavanaugh et al. (2015) researched women who had experienced childhood sexual abuse and how that impacts their current parenting. As part of their research, Cavanaugh et al. cited older studies, specifically Burkett (1991, cited in Cavanaugh et al., 2015), where researchers asked women how they felt about being mothers. Burkett’s findings suggested that mothers with sexual abuse histories talked about the drawbacks or the rewards of mothering in comparison to mothers who did not have sexual abuse histories, who focused on both the drawbacks and rewards of mothering.

Cavanaugh et al.'s (2015) study engaged mothers in more narrative interviewing around their childhood sexual abuse and how that impacted their parenting. First, mothers completed a pencil to paper questionnaire and then engaged in a trauma interview, which asked questions, "Please tell me what happened to you when you were sexually abused as a child," and "How do you feel this experience affects you now, as an adult?" Following these two prompts, researchers would then let the mother have an open dialogue without interruptions or further cueing. Six themes emerged from the data analysis of the narratives: a) being a parent, (b) family of origin dysfunction, (c) the impact of abuse, (d) the abuse history and response to abuse, (e) coping, and (f) hopes and desires for the future. These themes demonstrated that childhood sexual abuse impacts parenting and indicated the need for better parenting interventions.

### **Parenting and Mental Health**

Parents who have experienced trauma often exhibit mental health concerns. Serious mental health issues may hinder daily functions like getting out of bed, eating, and attending to other basic needs (Lange et al., 2020). As individuals consider avenues of healing after a sexual assault, it is necessary to consider the impact it has on an individual's mental health over time. Specifically, emotional well-being connects to how individuals perceive themselves through their role as mothers. When challenges arise in parent-child interactions and the parent has a trauma history, many parents may not acknowledge that they have experienced trauma and/or have not sought support to process and decrease maladaptive behaviors (Kiser et al., 2020). When such parents care for a child with similar mental health presentations, the problems are compounded.

***Depression***

One research study addressed the relationship between parents' emotional wellbeing and child development in a larger context. Roos et al. (2021) examined children's mental health in relation to parenting quality during the COVID-19 pandemic. Parent quality was determined by factors such as caregiver depression, unmet childcare needs, annual income stability, and mental illness history. Findings suggested parental depression is a strong and consistent barrier to effective parenting. Themes identified that created parenting challenges were: Having too much time together; self-doubt in parenting and teaching abilities; role accommodation; and managing COVID-19 psychological distress. While the study is focused on a trauma that is not sexual in nature, Roos et al. (2021) consider how parental depression is directly linked to child development and that, often, depression can be impacted by external factors, leading to a lack of confidence in a mother's individual experience of parenting as a contribution.

***Post-Traumatic Stress Disorder***

Another study, Cross et al. (2018), focused on primarily Black mothers and children who had post-traumatic stress symptoms. The researchers wanted to capture whether these symptoms impacted child abuse potential, parental stress, maternal trauma, and parenting while experiencing trauma. Parental stress was the level of parental distress experienced, dysfunctional parent-child interactions, and perceived child difficulty. They concluded that trauma and subsequent PTSD could contribute to parental distress and potential child abuse.

Sager and Wamser-Nanney (2021) discussed directly that posttraumatic stress symptoms (PTSS) create difficulty in parenting, particularly when trauma reminders can occur leading to a likelihood of numbness, hyperarousal, and irritability. Sager and Wamser-Nanney (2021) further explored if perceptions of parenting were more negative in the context of PTSS by having

participants complete an initial screening tool to assess for previous trauma exposure, over 18 years of age, parent to a child under 18 currently living with them, at least part-time. By utilizing self-reports on various measures, the researchers utilized a quantitative methodology. The findings showed that PTSS was associated with (a) more negative perceptions of their child, (b) how parenthood influences an individual's relationships and self, and (c) a more unrealistic expectation regarding their child's development. This research exemplifies the need to further understand mothers' trauma and their perception of themselves within the context of parenting. While this study noted a gap of understanding in the relationship between PTSS and parenting perception, mothers' responses were limited to standardized measures of parenting.

### **Parenting and Supportive Intervention**

Parenting skills can be learned through training with attention to therapeutic processing. The training can be centered on work specific to understanding parenting practices and understanding how to directly influence a child's social and emotional development. Some treatments emphasize exploring traumatic events after they have occurred (Kiser et al., 2020), while others focus on resiliency and a strength-based individual or systemic approach (Rosenblum et al., 2017). In Rosenblum et al.'s treatment model, the Mom Power Program (MPP), the primary area of focus is the reflective function. Without continued treatment, the behaviors and symptoms continue to present in different contexts, despite the underlying cause being the same.

Kiser et al. (2020) reviewed scholarly literature by examining an evidence-based trauma treatment model, Parent/Caregiver Trauma and Healing Coordinating Group (PCTHCG) of integrating parents into child trauma treatment. Part of the treatment plan was utilization of the Core Components Grid (National Child Traumatic Stress Network, 2008), which included 11

items needed for effective treatment: engagement of parent/caregiver, assessment, parenting, coregulation, attachment, relationship repair, support of parent/caregiver, emotional coaching, addressing parent/caregiver trauma history and symptoms, and parent/caregiver appraisal and meaning making. Kiser et al. (2020) found that parents need support to help their child respond to trauma with resilience. The model of treatment, PCTHCG, supports the child's processing of their experience while attending to the parent's history of trauma. In reviewing the 11 items, engagement of the parent was identified as one of the essential components of treatment.

Rosenblum et al. (2017) examined the effectiveness of an intervention program, Mom Power (MPP) that works to improve the emotional wellbeing and parenting practices of high-risk mothers. "High risk mothers" were defined by the researchers as having had interpersonal trauma histories, mental health problems, and poverty. Mothers needed to present with at least one risk factor that has been identified to interfere with effective parenting of young children (Rosenblum et al., 2017). Risk factors could include history of childhood maltreatment or adult interpersonal violence, involvement with child protective services, and current and past emotional wellbeing challenges.

Findings showed that the multifamily group, Mom Power, showed improvements in mental health and parenting (Rosenblum et al., 2017). Mothers who had experienced interpersonal violence/trauma histories were shown to have experienced a noticeable benefit from the program. There was significant impact to mental health presentations with women reporting decreased symptoms within PTSD, depression, and parenting stress. Rosenblum et al. (2017) noted that given that there were only 13 sessions, most participants were also provided referrals for therapeutic care beyond the group. Providing parents with appropriate and effective treatment models will not only support their development as parents, but research also shows it

can be therapeutic with regard to their experiences of sexual trauma within the context of parenting. Given therapeutic care models that account for these two important considerations, the likelihood of ongoing healing increases.

### ***Parenting and Emotion Regulation***

Parenting can be fulfilling while also affecting emotional wellbeing, which is especially challenging for those who have trauma histories (Kaitz et al., 2009). Much of the literature on parents and caregivers who have experienced trauma deals with the parents' models for parenting (Kumar et al., 2020), their emotional development related to internalizing and externalizing behaviors (Ehrensaft et al., 2015), and their capacity to parent (Sandberg et al., 2012) as a result. There is an abundance of research on the development of emotion regulation and its correlation to parent/child relationships. What follows is the research that relates to how people may cope with trauma events as mothers.

### ***Dissociation***

Appleyard and Osofsky (2003) reviewed literature around parenting and traumatic experiences and, as part of that literature review, the researchers created an exemplar case study on how to best support families through recommendations around treatment modalities. The researchers found that individuals with trauma histories had difficulty being sensitive to their child's needs. Often unable to hear their child's distress or tolerate anxiety and aggression, they withdrew to protect themselves. Appleyard and Osofsky argued that the challenges of parenting outweighed such parents' ability to prioritize care for themselves. Therefore, there are great barriers to intervention and therapeutic support for this population.

Ehrensaft et al. (2015) reinforced Appleyard and Osofsky's (2003) conclusions. Ehrensaft et al. (2015) looked at correlations between childhood physical and/or sexual abuse

and subsequent parenting as an adult. Their longitudinal study collected data from participants at ages 15, 22, and 33. Data sources included self-reports, parent-reports, and official records. The researchers found that parents who experienced childhood sexual abuse (CSA) tended to be more emotionally disconnected from their children. Ehrenshaft et al. (2015) also found that parents with CSA who were seeking emotional connections were more likely to rely on their children for emotional support. Like Appleyard and Osofsky (2003), they found that individuals with a history of childhood abuse disengaged from their emotions, leading them to disengage with their child as well (Ehrenshaft et al., 2015). There are varying ways in which sexual assault or unwanted sexual encounters impact an individual's mental health. One area to further highlight is the strength-based understanding of connection and how experiences of parenting can create avenues of healing.

### **Parenting and Connection**

Reid-Cunningham (2009) examined secondary data from the Child Trauma Research Project, conducted from 1993 to 2003. The initial study asked whether participating mothers' sexual assault/rape history was correlated with negative effects on parent/child relationships. Researchers considered the following factors: the mothers' demographics, posttraumatic symptoms, cumulative life stressors, social functioning, and substance abuse history; and child factors such as age, behavioral presentation, and gender. Using mixed methods, Reid-Cunningham found that there was a significant impact on the mother's relationship with her child, specifically when the mother had reported experiences of sexual assault/rape. Reid-Cunningham concluded that individuals who experience sexual assault/rape undergo physical, emotional, and relational disturbances that affect their ability to connect with a child. However, relational connectedness varied depending on the type, frequency, and severity of the assault and



whether the individual received mental health support afterward. The findings showed a high positive correlation between parent sexual assault history and poorer parent/child relationships, especially when the assault/rape occurred during adulthood.

Previous literature examined how post-traumatic stress disorder affects parenting quality (Christie, 2019); for example, there is research that explores how individuals who experienced abuse as children perceive parenthood (Sandberg et al., 2012). However, few studies have asked how the experience of sexual assault as an emerging adult impacts mothers' perceptions about their role as mother. Therefore, this section notes the gap in research on the parents' own perceptions of trauma and its effect on the parent/child relationship.

### *Healing*

There is currently a gap in literature on trauma related to healing from sexual assault. First, there is an absence of current literature that discusses what healing entails for women who have experienced sexual assault. Second, while there is some literature discussing resonant pathways of healing for women, there is limited scholarship on how women come to a level of acceptance specific to the isolated event/s. Often healing was seen through an established sense of self, normalization of their experience and the emotional outcomes, and their desire and belief in their capacity to mother.

Gueta et al. (2020) conducted a qualitative study with Israeli women, ages 23-63, with a history of sexual assault. The researchers used semi-structured interviews on participants' experience of public self-disclosure, including their motivations and decision-making processes. The researchers then applied interpretative phenomenological analysis to the data which looked at coding of the narratives from the interviews conducted. They found that the experience of self-disclosure in public was complex, specifically being multifaceted and at times contradictory

depending on the participants cultural and gender identities. Participants perceived self-disclosure as contributing to their healing because it allowed them to facilitate social change and promote their own recovery. Self-disclosure can be healing as well as revictimizing.

Reilly (2021) used autoethnographic research to highlight the intersection of race, gender, and sexual violence. By using craft and art, Reilly captured how a community of women, including herself, who had experienced sexual violence came together to heal themselves. Reilly acknowledged the implications self-disclosure through academic platforms can have professionally, especially for women. According to Reilly, she was motivated by the #metoo movement to publish a work specific to her own experience of sexual violence, regardless of the implications that may come professionally.

Reilly and 11 other women participated in a group setting to process their different experiences of sexual violence. Reilly, a researcher specific to community art studios, was invited to be a member of an already formed group that centered their healing around art. As part of their processing, participants reported they were often blamed, vilified, and isolated when disclosing their experiences to family, friends, or society (Reilly, 2021). Within this community, women created Medusa dolls to reclaim the myth of Medusa, one around her own rape by Poseidon. The choice of doll-making was closely aligned with the idea that dolls have long been seen to “soothe or provoke, comfort or unsettle” (p. 83). Part of the actual making of the doll is the connection to embodiment—while crafting the body of the doll, the women can feel a sense of difficulty as sexual violence can create a dissociation from one’s physical body, while also leading to reclaiming of their body. Reilly noted the trauma will continue to transform the individual and that grieving and healing can be social experiences.

### *Post-Traumatic Growth*

Post-traumatic growth can be seen as healing in that it provides emotional relief for those who have experienced trauma. George and Bance (2020) examined post-traumatic growth in young women with sexual abuse histories, in the context of spiritual and religious coping. Utilizing focus group methodology, researchers found that spirituality and religion can deepen following a traumatic experience as they help individuals cope with the aftermath. Specifically, individuals can see beyond the isolated event and participants noted that self-forgiveness fostered self-worth and self-compassion. The researchers used thematic content analysis to code for data analysis. Noting the limitation of focus groups not allowing for a deeper understanding of the individual experiences, George and Bance (2020) underscored the importance of this to elicit sufficient information to inform support.

Brooks et al. (2021) considered phenomena associated with posttraumatic growth, including active coping, emotional coping, social support, and spirituality, through thematic analysis of semi-structured interviews with participants who had experienced at least two traumatic events. Two themes were revealed: outcomes of trauma and processing trauma. Additionally, subthemes were identified, and of those, ones that had not been noted in previous qualitative studies were identity changes, the ability to handle subsequent stressors, and control perceptions. Brooks et al. found that avoidant coping strategies, intrusive thoughts, and their social environment impact are affected by type, frequency, or timing of the event. This research further supports the implications trauma has on one's identity and stressors that develop over time following the traumatic event. The capacity for one to heal following a traumatic event was shown to be directly connected to social supports and additional ways of healthy coping.

These above-mentioned studies further support the idea of growth and healing narratives as part of sexual assault and unexpected sexual encounters process to individuals' self-identity and potential roles of mothering. In the next section, I discuss current research and the methodologies by which researchers have explored topics related to trauma, sexual assault, and parenting/mothering.

### **Methodological Literature Review**

This literature review surveyed previous research on sexual assault and unwanted sexual encounters experienced by women in emerging adulthood and how that impacted their self-identity within the context of their roles as mothers. Research about parenting following a trauma focused on childhood trauma, rather than experiences in adolescence or adulthood (Ishii et al., 2021; Lange et al., 2020; Sandberg et al., 2012). Significant research on self-identity development and healing has been conducted in the last few decades (Brooks et al., 2021; Chui et al., 2018; Clifford et al., 2020; Feiring et al., 2009; Kouvelis & Kangas, 2021; Marin et al., 2019).

Many qualitative studies on sexual assault were completed in the last few years (Dudas et al., 2021; Gueta et al., 2020; Reilly, 2021). Qualitative methodologies allow researchers to explore topics such as sexual assault more deeply than quantitative methodologies, creating a better understanding of individual experiences. In reflection of the reviewed studies, one perspective is that qualitative research promotes trust between the researcher and participant. The individual's personal experience is centered, further aligning the goal of yielding in-depth data as part of qualitative methodology.

**Qualitative Methodologies**

This literature review outlined a few different types of qualitative research, including phenomenological (Gueta et al., 2020) and autoethnographic methodologies (Reilly, 2020). Unlike quantitative research, qualitative research contextualizes the experience of trauma by further exploring narratives to draw themes specific to individuals' experiences. The designs reviewed allowed me to understand various ways to collect data. As part of qualitative methodology, the researcher is tasked with determining specific types of methodology as well as data analysis that align with their research question and theoretical framework.

**Quantitative Methodologies**

The quantitative methodologies represented in the empirical section largely examined sexual assault and its impact on psychological functioning. Data was pulled from previously collected data and analyzed through the researcher's desired area of focus. Larger database searches were also used, where participants may have engaged in therapeutic support that connected to the identified research and were contacted as part of recruitment for a new study. Most of the quantitative studies collected data in the form of self-reports. Participants responded to predetermined questions via questionnaires or surveys. Some questions were diagnostic, such as noting symptoms of post-traumatic stress disorder (Misic et al., 2021), whereas others asked for personal reflection (Reid-Cunningham, 2009). Researchers then used data analysis software to determine whether any observed correlations were statistically significant. Appropriately, the quantitative studies tended to work with larger sample sizes than qualitative studies did. Quantitative research provides an opportunity to generalize from larger samples of participants, capturing more data to consider within the context of the topic being explored.

One of the limitations of self-assessment tools is that the questions are predetermined for the participant, resulting in narrow interpretations that do not elicit more of the participant's full experience, like qualitative research does. This is particularly a concern when seeking to understand complex issues such as the intersection of sexually-based trauma, identity, and parenting. Therefore, after reviewing the different components of each methodology, I determined that a qualitative methodology is most appropriate for the purposes of centering individual experiences.

### **Conclusion**

This review explored how trauma's complexity is represented in the research literature. Viewed through a feminist, intersectional lens, it is apparent that trauma must be understood within structural discourses and that such discourses have been perpetuated over generations. Institutional gender and race oppression continues to disconnect, isolate, and demoralize women, especially those with intersecting minority identities. By amplifying the voices of those impacted by sexual trauma, I hope to encourage a complex, ongoing exploration surrounding women's perceptions of mothering following sexual assault and the healing that comes from that exploration, pushing back on the shaming and isolating narratives promoted by the dominant culture. Emphasizing the role of storytelling in healing, this research aims to support women's growth beyond their experience of sexual assault and unwanted sexual encounters. The emerging adulthood literature was consulted as part of the review as much of one's healing is a greater understanding of self and the identities we hold. Arnett (2004) and other authors highlight the importance of adulthood development in accounting for nuances that may impact and individuals' development and how that might translate to the roles individuals take on.

### **CHAPTER THREE: METHODS**

The purpose of the present study is to understand perceptions of self-identity and relational connectedness in the parenting context among women who have experienced sexual violence. By centering the voices of women, I aim to underscore the importance of connectedness in the process of healing. I frame the research using a feminist lens with a continued awareness to the oppressed and marginalized populations that experience systemic trauma. As a researcher, I recognize my position as a cisgender White woman. Thus, I remained reflective in considering my positionality and how conscious and unconscious bias may have showed up in the processes of data collection and analysis through journaling, notation, and consultation.

In this chapter, I describe my qualitative research design and theoretical framework. Phenomenology informed how I collected and analyzed data via interviews and interpretative phenomenological analysis. I outline the inclusion criteria and discuss the ethics and validity of the analysis, concluding with social justice considerations and implications.

#### **Research Question**

The following questions guided the present research:

- How do women who have experienced sexual assault or unwanted sexual encounters perceive themselves as mothers?
- How do women who experience sexual assault construct their identity, in reaction to their experience?
- What other factors related to the experience of sexual assault and potential healing experienced, shaped how mothers see themselves?

### **Qualitative Research Design**

I elected to use a qualitative research design, as qualitative methods acknowledge the meaning individuals make of their experiences and it potentially enables researchers to identify shared meaning across participants (Patton, 2015). Both the research questions and study design are motivated by my desire to understand the lived experiences of mothers as defined by mothers.

### **Phenomenological Approach**

In selecting a phenomenological approach, I focus on the lived experiences of participants and their understanding/perception of those experiences (Marshall & Rossman, 2016). My approach aligns with the research questions and purpose, and explores how individuals determine what matters to them and how their perception defines the experience (Smith et al., 2012).

### **Interpretive Phenomenological Analysis**

Smith et al. (2012) defined three major components of interpretive phenomenological analysis: focusing on lived experience (phenomenology); a theory of interpretation (hermeneutics); and the experience as it is understood by individuals (ideography). The present research met these expectations by centering participant lived experiences and exploring how they perceived and made sense of their sexual trauma in the context of mothering.

### **Critical Theory**

I also sought to disrupt dominant narratives around sexual assault/rape. This is central to the motivation around the research—as an individual’s experience is not only how they themselves perceive their experience, but also the external factors that contribute to their understanding. According to Fine (2017), critical research can “destabilize what we think of as



‘normal’; and ... reveal where resistance gathers and where radical possibilities might flourish” (p. 6). The study design described in the following section purposefully enabled this level of destabilization of norms set around women, sexual assault/rape, and healing. Indeed, the radical possibilities that flourish as part of this research include acknowledging the existence of sexual violence and honoring the individuals who experienced these traumatic events. In doing so, I contribute to the narrative of sexual violence as an epidemic, not only in our current state, but also within our societal historical foundation. It is essential that my contributions challenge the culture of how we understand sexual violence—not reinforcing it as a normative experience for women. Qualitative research feels more closely aligned to these radical possibilities, taking from the lived experiences something that may not be otherwise identified or observable in other research designs (Morrow, 2007).

### **Epistemological Stance and Assumptions**

#### ***Feminism***

In reviewing the literature, I found significant research on women who experienced sexualized trauma in childhood (Carothers Bert et al., 2009; Choi et al., 2020; Clifford et al., 2020). My review revealed a significant gap in study specific to women experiencing sexualized trauma throughout their lifespan. As I entered this research, I felt compelled to focus on those women who later become mothers. Furthermore, in considering relational connectedness, the research continues to reflect that women are greatly impacted by their sexual trauma, particularly within the context of relationships (Ehrensaft et al., 2015; Ishii et al., 2021; Lange et al., 2020; Reid-Cunningham, 2009).

To consider sexualized trauma through a feminist lens, I examined the sociopolitical context within which trauma intersects with the self-narrative women adopt as part of their

identity (e.g., an expectation of being “selfless” within relationships). As Gilligan (2015) highlighted, the act of being selfless disrupts one’s ability to have relationships because, “if you have no self, you have no relationships” (0:49). Thus, selflessness has the potential to inhibit how fully women bring their whole selves, including their trauma, into their relationships. This can also interfere with their ability to connect with their own needs and desires.

### **Constructivism**

A constructivist approach explores how individuals construct their own reality based on their perceptions of lived experiences (Ponterotto, 2005). This approach also accounts for forms of constructionism in which reality can be shaped by social interactions and power dynamics (Creswell & Creswell, 2018). Fundamentally, constructivist researchers want to better understand how we learn our reality, not what the reality is. Women who have experienced sexual trauma may make meaning in complex ways. When these women become mothers, such meanings may continue to evolve, influencing and being influenced by, how they view themselves outside the mothering role; in turn, this impacts how they perceive themselves within the mothering role. Motherhood also represents a major shift in role and identity that may occur concomitantly with the other changes women experience throughout their life span. As a researcher, I attempted to hold space for this level of meaning that individuals gave to their own experiences and tried to understand what led to their perceptions.

### **Role of the Researcher**

Marshall and Rossman (2016) assert, “there is no such thing as research conducted with no preconceptions” (p. 44). As part of my research, I carefully considered my positionality and how it relates to the research question. The research model relied heavily on the participants’ role in the research. I am cognizant of my own narrative of being mothered by a woman who

experienced sexual trauma and how that experience impacted our relational connectedness. This experience had potential to cloud my interpretation of the participant perceptions of their relational connectedness in the role of mother.

In considering this, I am also drawn to the perception the individual I know may have held about the mother they envisioned themselves to be. Being aware of these internal thoughts reinforced the idea of listening-to-learn versus listening to respond and moving from a therapeutic relationship to a research one. Also, I acknowledge my role as a clinician, and given the research topic, I anticipated that it would be difficult to not engage when participants had moments of distress. This balance between being the researcher and bringing elements of a therapeutic relationship and external biases, while attempting to build rapport with the participants, is further defined by Patton (2002), when exploring the constructivist approach to research. Patton (2002) stated that researchers process and reflect on biases, acknowledging subjectivity.

The considerations necessary to explore are my own professional and personal roles. With these roles and identities, I questioned assumptions and biases that are innate to my social and professional location. In my work, I often hear interpretations applied to individuals based on their diagnoses or complex histories. A central part of this research was honoring and centering participant narratives and the meaning they give to their experiences.

I am a White woman whose primary social world has and continues to be in middle- to upper-middle-class communities with little to no variance in race. Likewise, I am not a parent who has experienced a sexual assault. However, as Couture et al. (2012) outlined, “being an insider/outsider is neither a binary nor static status, but rather is constantly changing and negotiated depending on who is being interviewed” (p. 88). Thus, while I could be considered an

outsider given my role, I am closely connected to someone who had a history of sexual assault and rape. As part of my reflexive work in data collection, analysis, and sensemaking, I regularly reflected on whether my research goals and beliefs were represented in how I understood participant data.

## **Methodology**

### **Sampling Method and Recruitment**

Participants were recruited through purposeful sampling, specifically, criterion sampling (Patton, 2002). Purposeful sampling is widely used in qualitative research for identification and selection of information-rich cases using limited resources (Patton, 2002). As part of the purposeful sampling method, I selected cases that met predetermined criteria (Palinkas et al., 2015).

Following approval from the Institutional Review Board of Lesley University, I recruited participants via email flyer per my identified mode of contact (see Appendices C and D). I also connected with local community organizations such as the Cambridge Women's Center in Cambridge, Massachusetts. In further outreach, I connected with other organizations that work with individuals who have experienced sexual assault or unwanted sexual encounter, including Boston Area Rape Crisis Center (BARCC), Beth Israel Deaconess Medical Center's Center for Violence Prevention & Recovery, and Jane Doe, Inc. As part of my outreach, I included an initial questionnaire that determined whether individuals met study criteria (see Appendix A). Following initial contact, I scheduled phone screenings to ensure congruence with study criteria and participant eligibility.

## **Participants**

A central feature of the present research is that it centers the voices of individuals who identify as women, in which selecting a sample that is typically representative of a qualitative study (Bloomberg & Volpe, 2019), the following criteria were identified. Qualifying participants were current parents, conversational in English, who had experienced a sexual assault or unwanted sexual encounters. Participants may or may not have been cohabitating with their child/ren, and there were no age criteria for the child/ren. Participation was open to biological, adoptive, and mothers by choice. Additionally, mothers could represent any gender, race, sexual orientation, or socioeconomic status, so long as they were at one time responsible for the developmental growth and wellbeing of their child.

In addition to centering women's voices, the present research sought to engage participants from underrepresented/marginalized populations. However, participants were majority White with one individual identifying as Hispanic/Latinx. While one participant identified in a lower socioeconomic bracket, and two identified as working class, seven of the participants identified in middle class.

I anticipated that the nature of the study would make it challenging to find potential participants. Specifically, I understand the stigma and shame that can be associated with an experience of sexual trauma, and because of that, mothers may not have disclosed this part of their life experience to someone whom they may receive support from, like a clinician or a physician. Additionally, I recognized that some mothers may not have come to understand their experience to be traumatic given cultural or community norms. Last, being fluent in only English as a researcher, I did not hold the capacity to conduct interviews with individuals who do not

speak English fluently or conversationally. I recognized that this made it impossible to interview people who do not speak English.

### **Data Collection**

Prior to data collection, I engaged in a pilot exercise to develop my ability to interview someone from the researcher role versus the clinician role. Given the sensitivity of the themes I was looking to capture, an exploration of how I would process and reflect in the moment with the participant was helpful in developing my interview skills and my cadence in leaning into participant narrative, while also guiding the conversation. In this pilot study, I conducted one interview for 90 minutes with a 25-year-old woman who had experienced a sexual assault during her adolescence.

### ***Interviews***

Interpretative phenomenological analysis (IPA) examines data collected through in-depth interviews or diaries, providing first-person accounts of one's experience (Smith et al., 2012). The level of depth is often determined by the subjective information that is shared from the participant, lending their perception of their own ideas and emotional experiences. Haverkamp (2005) discussed the relational implications of qualitative research, which aligned with my aim to create an opportunity for mothers to share their vulnerable experiences, while providing a sense of safety and autonomy around what and how their experience is shared.

With each of the 10 participants, I conducted an in-depth, semi-structured interview, lasting 60–90 minutes. Each interview was audio-recorded and transcribed using a data software and cross-referencing resource that created transcripts from the audio recordings. I cross-referenced interview transcripts with my journaling during the interview. I later used the journals to reflect and support my efforts toward reflexivity.

Semi-structured interviews frame the conversation without controlling it. Thus, each interview was prompted by an initial question, allowing the participant to guide the conversation around themes that felt most resonant to their experience. See interview questions included in Appendix B. The role of the researcher in a semi-structured interview is “leaving your research world and coming round the hermeneutic circle to the participant’s world” (Smith et al., 2012, p. 64). With this engagement style, the researcher and the participant build rapport within a research relationship, with the intention of producing significant themes that are genuine, leading to a deeper reflection and potential meaning.

### ***Interview Guide***

The interview protocol provides a framework for the conversation (Josselson, 2013). My research protocol included questions that engaged the participant in reflection of their sexual assault experience and roles as mother rather than of the sexual assault experience itself. In developing this framework, the dialogue between the researcher and participant was guided by the participant, speaking openly in detail. The protocol ensured that if challenges arose, there were steps to respond (Josselson, 2013). The protocol also focused the reflection on impressions related to identities, roles, and relationships while allowing for themes to be connected across individuals with similar experiences.

### ***Setting***

When interviewing individuals who have experienced trauma, the environment is an essential consideration. To protect the confidentiality and anonymity of participants, I offered multiple interview location options, which allowed them to decide based on comfort level. Settings included their home, my therapeutic office space, a private room at a local library, or a

virtual platform. Since all participants were mothers, I scheduled interviews at times when participants had childcare or that were otherwise convenient.

### **Data Analysis**

Following interview transcription, I used coding software, MAXQDA, to capture initial themes. These themes initiated the data analysis process in analyzing my data in relation to my research question. One of the major components of data analysis through IPA is “double hermeneutics,” in that the researcher is capturing what meaning the participant gives to their experience and the researcher’s interpretation of what the participant might be thinking (Smith et al., 2012). This process is complex given its subjectivity. Smith et al. (2012) suggested following a set framework as researchers when processing the information detailed from the interviews. In my process, I guided my analysis according to the following steps as outlined by IPA: reading and re-reading; initial noting; development of emergent themes; identifying connections across themes; moving to the next interview transcript and audio; and looking for patterns across interview transcripts.

### **Validity Strategies**

Guba and Lincoln (2000) argued that validity is a conflation of method and interpretation, noting varying perspectives on validity within qualitative research. Validity does, however, consistently hold rigor and trustworthiness at the center of the study. Working with participants who have experienced sexual assault or unwanted sexual encounters added another layer of necessary planning around trustworthiness, given that they have often been put in positions where their trust was exploited or violated. Similarly, Hoover and Marrow (2015) discussed credibility, transferability, dependability, and confirmability as part of their rigor and trustworthiness. In line with this guidance, I outlined my intentions in a similar structure,



leveraged my personal and professional counseling experiences to interpret the findings, and used reflective practices to ensure trustworthiness.

### ***Credibility***

The literature review process allowed me to review previous literature on individuals who had experienced sexual assault or unwanted sexual encounters and conceptualize emergent themes and research gaps to inform my interview protocol. The review highlighted a need for more qualitative research centering on individual narratives. For continued credibility, I used participants' own expertise as part of the study, checking with them that the information was representative of their experience. Last, my continued use of reflexivity contributed to study credibility (Hoover and Marrow, 2015).

### ***Transferability***

Throughout the research process, I made thoughtful decisions around how the research can inform understanding of self-identity through the context of the mother role, and connection as means of healing following a sexual assault or unwanted sexual encounters. I provided information to participants thoroughly, while acknowledging the purpose of the study and how the findings would be used (Hoover & Marrow, 2015). Last, I remained cautious toward transferability, as it was not always present given the limits specific to this study. The study centered the lived experience and meaning making each participant understood as their own reality. Because they derive from their own experience, findings may not be applicable to other contexts, situations, and populations.

### ***Dependability***

Recording and transcribing interviews allowed me to locate additional nuances in the data. I used journaling to catalog my assumptions, biases, and judgments around theme

identification (Yeh & Inman, 2007), and I used peer consultation to support dependability (Hoover & Marrow, 2015). Peer consultation following the interviews allowed me to connect on an ongoing basis to those in my cohort and individuals in the field that have expertise on the content to ensure my biases are not part of my analysis. My transcripts were also reviewed by peers from my doctoral student cohort to see if similar themes were visible.

### ***Confirmability***

As Hoover and Marrow (2015) noted, honoring fairness of different narratives (constructions), elaboration of one's narrative (ontological authenticity), and considering variability in one's constructions of others (educative authenticity) amplify what reliability and validity look like in practice. Tuval-Mashiach (2017) asserted that to improve transparency by outlining, one must consider "what I did, how I did it, and why I did it" (p. 9). This process reinforces confirmability, as it demonstrates that I understand my role in the analysis—how I reviewed and coded the data in a way that others might be able to replicate, utilizing checking and rechecking my practice.

### **Ethical Issues and Implications**

Marshall and Rossman (2016) introduced the concept of ethical mindfulness, further noting the standard criteria outlined for ethical considerations in qualitative research: trustworthiness, reliability, validity, objectivity, and generalizability. In contrast to quantitative research use of measure to confirm, qualitative researchers rely on the participants—accepting high expectations of reliable, credible, and trustworthy data collection and analysis, centered around their accounts and our interpretation of those accounts (Marshall & Rossman, 2016).

Davies and Dood (2002), as cited by Marshall and Rossman (2016), stated that ethical considerations are rooted in the actual practice of conducting research. As part of preparation for

conducting this research, I completed the necessary training to protect those who participate in human research (see Appendix F). The research was approved by the Institutional Review Board of Lesley University. In acknowledging this step, I have developed my research with a focus on centering the best interests of the participants. In considering participants that have experience sexual assault or unwanted sexual encounters, Hoover and Marrow (2015) stated that the use of phenomenology within a feminist-constructivist framework allows for the data collection and analysis to be centered around the participants' subjective experience.

While caution was exercised to avoid risk to the participants, I also acknowledged that the nature of the research is highly sensitive and could, at times, be challenging. A potential risk, for example, is re-traumatization, as participants reflect on their lived experiences. In managing this risk, I reiterated to participants their ability to discontinue the interview at any time for any reason. In addition, I provided all participants with resources for further support, while also offering a follow-up call.

Hoover and Morrow (2015) examined researcher reflexivity specific to working with individuals that have experienced sexual assault or unwanted sexual encounters. As part of their examination, Hoover and Morrow noted that these interviews have moments that are ethically important citing Guillemin and Gillam (2004). They acknowledged that the researcher's response and interactions in the interviews can potentially be retraumatizing and that there is a consideration of a dual process of harm and benefit. Indeed, working with individuals who have experienced sexual assault or unwanted sexual encounters is a complex process that requires an increased level of reflexivity.

Provided to each participant, the informed consent document (see Appendix E) outlined the purpose of the study, features of involvement, confidentiality expectations, and potential

risks and benefits. Study participation was completely voluntary, and I reiterated that participants could opt out at any time. All participants were assigned pseudonyms to protect their identity. All data is stored on a password-protected hard drive, and will be destroyed upon completion of the full dissertation.

### **Multicultural, Diversity, Social Justice Perspectives**

The present study sought to examine how trauma intersects with race and gender. Power has been deeply engrained in many contexts; power is something that researchers have to contend with (Prilleltensky, 2008). From a feminist perspective, power dynamics are always present. The actual process of seeking support when one has experienced a trauma is deeply rooted in oppression related to, for example, gender, race, and ethnicity. In our current societal landscape, sexual assault/rape are still embedded within the fabric of our systems. This may cause those who have experienced these traumas to internalize and avoid care, as it is often retraumatizing, particularly because of sexism and racism. In executing this research, I sought to acknowledge the complexities of sexual assault and unwanted sexual encounters. I further considered the complex ways race and gender can impact sexual violence, given the societal narratives that reinforce oppressive acts on marginalized populations. As Prilleltensky (2008) stated, “we cannot treat people as consistently pursuing the well-being of others, nor can we expect them to be permanently empowered or disempowered” (p. 118). The responsibility this imposes on a researcher is one that goes beyond simply stating the pursuit or expectation, but rather, to critically examine the varying identities that are held and contextualizing those as part of the work—the responsibility is not on the participant themselves.

To align the research with areas of phenomenology, I worked to dispel the power associated with my many privileged identities (i.e., cisgender, White, academic). I sought to

deploy a *power-with* approach (Joy, 2019), inviting participants to serve as co-researchers, thus circumventing the “othering” that could occur based on my positionality (Teo, 2010). An ongoing practice of raising consciousness provided explicit understanding of my lens based on my own positionality and lived experience, considering what I do not see automatically as part of my privilege. Last, as part of the analysis, I stayed closely aligned to the intentions of the research in the individual’s narrative of their own experience.

### **Chapter Summary**

For the present study, I interviewed 10 mothers who have experienced a sexual assault or unwanted sexual encounter. The goal of these semi-structured interviews was to capture data individual to each experience, while locating themes across descriptions. Through my examination of these experiences, I highlight the impact of sexual assault or unwanted sexual encounter on one’s self-identity and relationships and recenter narratives of those with lived experience. The qualitative, feminist, constructivist lens elevates the innate social inequalities that are associated with sexual assault/rape and the culture that is perpetuated because of discrimination against gender, race, and ethnicity. Moving away from research that is representative solely of the negative impact of sexual assault or unwanted sexual encounter, this study fills a vital gap in research around the process of healing within the role of mothering as women continue to develop a sense of identity as mothers.

## **CHAPTER FOUR: FINDINGS**

In this chapter, I share findings from interviews with 10 participants who offered reflections related to sexual assault experience/s and motherhood. Ten mothers between the ages of 31 and 63 were interviewed in a semi-structured protocol focused on meaning-making. Table 1 provides participant pseudonyms, demographic information, information about their child/ren, and information on occurrences of sexual assault. During interviews, participants shared how they came to understand their sexual assault experiences as trauma, and expressed ways these experiences informed their identities and roles. Participants provided a nuanced understanding of sexual assault as a predictor of their overall wellbeing. Using interpretative phenomenological analysis (IPA) as the primary analysis tool, this chapter highlights three categories emerging from the data: identity, mothering, and healing.

**Table 1***Demographic Data for Study Participants*

Participant pseudonym	Participant age	Age/s of assault/s	Number of children	Current Age span of child/ren	Race	Social Class
Maris	51	5, 48	2	32 & 34	Hispanic/Latinx	Working
Kate	63	5–14, 20–39	6 (1 deceased)	28–41	White	Working
Hannah	31	22	1	3	White	Middle
Jane	34	32	3 (1 deceased)	6–14	White	Lower
Winnie	62	1–12	2	22 & 25	White	Middle
Olivia	28	18	1	2	White	Middle
Margaret	59	32	2	19 & 23	White	Middle
Natalie	34	21	2	11 months & 6	White	Middle
Alexandra	34	22	2	5.5 months & 3	White	Middle
Monica	31	15	1	17 months	White	Middle

### Navigating Identity Formation

Identity is a concept that can simultaneously guide and be guided by individual actions. Theorists and researchers alike have considered identity through the lens of developmental stages. The initial intent of the present research aligned with a developmental stages approach, considering the impact of sexual assault on identity formation across their life span. While findings revealed that sexual assault did play a role in shaping participants' identities, numerous other factors emerged as participants reflected on their experiences. As Gilligan (1993) stated:

From Erik Erikson, I learned that you cannot take a life out of history, that life-history and history, psychology and politics, are deeply entwined ... bringing in women's lives changes both psychology and history. It literally changes the voice: how the human story is told, and also who tells it. (p. xi)

In utilizing a developmental approach, participants acknowledge in their narratives that identity formation occurred in response to their sexual assault experiences, complex formative traumatic experiences prior to their assault/s, and the difficulty to separate the two in understanding their sense of self. Instead of isolating the impact of their sexual assault, study participants identified changes to identity throughout various life stages, thus emphasizing that identity truly evolves over time. Indeed, participant narratives revealed how both formative childhood experiences and assault experiences impacted their understanding and orientation to myriad roles across their adult lives. Furthermore, those individuals with greater self-awareness about their experiences and roles felt more agency in their identity formation.

### **Identity Shaped by Sexual Assault**

All 10 participants discussed implications of their assault and how that impacted their identity. There is an apparent relationship between sexual assault and the complexity of identity formation that suggests avenues for further research. Additionally, identity formation following the assault was directly connected to how participants understood their assault to be traumatic and the impact it had to themselves as individuals.

Of the 10 participants, three discussed sexual assault experiences during their childhood/adolescent years. These participants described the sexual assault as intrinsic to their identity. Winnie, a 62-year-old, White, woman, was assaulted as a small child; thus, she viewed the assault as inseparable from her core identity. She recalled, "I knew I could care for people.



That's what I felt like I was doing with my dad. Taking up his emotions as well as the physical stuff." She related this to her identity as a survivor: "That's part of being a survivor for me; it's hard for me to separate who I *would* be ... so it's almost like even the good things still belong to being a survivor." Maris, a 51-year-old Hispanic woman, was sexually assaulted as a child and again as an adult. Maris's reflection highlighted the cultural implications of her upbringing, signaling an intergenerational understanding of her trauma. Part of her story was noting the complex nuances of the power differential she faced paired with the cultural implications, both in her marriage and with her most recent assailant and how that directly connected to her identity. She recalls the way her voice was nonexistent in childhood and then later ignored and dismissed as an adult:

It impacted me because as a child, I didn't have a voice. ... We left hell to come back to the demons here because it continued with my cousins molesting me. And so, what the difference is, I was a child then. I'm a woman now. And when I tried to voice my voice, they covered it up by saying, "she's crazy."

Where some of the participants could not separate their survivor identity from the person they might have become, eight participants reported two different selves. Olivia, a 28-year-old White woman, who was assaulted at the age of 18, explored this perspective, even using the pronoun "she" to refer to her pre-assault self. She stated, "The person I was before I was assaulted is, I mean, she was gone that night ... So, it's like I've had multiple different lives in this one life." Similarly, Margaret, a 59-year-old White woman, who experienced sexual assault at age 32, explained that there was a clear difference of who she was before and after the assault. She referenced a book manuscript she wrote that explored the two identities:

There's a chapter in my book that talks about the old Margaret and the new, new Margaret. ... And I thought, "is it possible that I don't have to be this new Margaret? How can I rise above this? What can I do? This is not who I want to be. Is it even possible?"

At times, participants shared how their existing values and beliefs grew stronger following the assault. For instance, Monica, a 31-year-old White woman, who was assaulted at the age of 15, noted:

[O]ne of my biggest values and goals in life is to empower other women ... [A]fter ... starting to heal from the sexual assault and stuff, I feel like who I am, I shouldn't have to try to be anything besides what I am.

Four participants experienced sexual assault by an individual unknown to them. This experience impacted how they viewed themselves, recognizing the level of violation they internalized, thus suffering a loss of self. Natalie, a 34-year-old White woman, was assaulted at age 21. She reflected this association between identity and violation:

[N]ot only the assault, but ultimately [losing] the entire foundation I had built my young adulthood on of being in control ... Because I was drugged prior to him leaving. And so it wiped my entire foundation out from under me ... it essentially left me without an identity.

Violation created awareness for some participants in connection to a continued loss of identity.

When asked how she perceived herself after the assault, Alexandra, a 34-year-old White woman, who was assaulted at age 22, said she was "broken." She linked childhood experiences of distrust to her adult experience after the assault:

Because of those [childhood] experiences ... I didn't feel like I could safely go to my family and tell them ... I was worried about how they would emotionally respond. I could not take on their sadness. I had too much of my own. I was very broken for a long time, and I couldn't take on anybody else's shit.

Regardless of where they were in individual identity formation, participants showed that sexual assault had a profound impact on their sense of self. Individual participants highlighted differing experiences as to how their sense of self was impacted. However, together, they noted a separate and explicitly different identity following the assault—both a “before” and “after” identity. One was new, and the old one was lost.

### **Identity Shaped by Complex Formative Experiences**

The interview protocol did not explicitly prompt participants to discuss the effect of experiences unrelated to sexual assault on their identity formation; even so, multiple participants pointed to formative experiences that shaped identity formation outside of the assault experiences. Furthermore, these formative experiences aided their understanding of their identity in relation to their sexual assault. In data analysis, the formative experiences they described were difficult to separate from the sexual assault experiences. However, participants understood that their sexual assault experiences were traumatic to their senses of self, which allowed clearer insight into formative experiences. This insight initiated a broader understanding of traumatic experiences, particularly as they related to Adverse Childhood Experiences (ACEs), and how they correlate to identity formation. Specifically, participants internalized narratives and normative ways of understanding self through modeling in relationships, indicating a significant correlation to their sense of self. It also indicated the understanding of *why* their sense of self was established the way it was. Thus, findings indicate that identity formation and relationship

building is deeply complex and based on several factors including non-sexual assault trauma, the experience of being cared for (or not), and other experiences before or after the assault.

All 10 participants noted experiences before and/or after the assault that directly connected to their sense of self. Caregiving and relational experiences were referenced repeatedly as indicators of externalized influences that became participants internalized understanding. Five participants discussed their internalization of receiving love and connection specifically from caregivers. Of the five, one participant noted that caregiving led to more support and healing following their sexual assault. As Olivia noted, her connection with her mother shaped her recovery and sense of self:

When I was assaulted, it wasn't even me that was fighting for me; it was my mom, forcing me to make these phone calls and forcing me to fight for myself ... she didn't let me accept what happened to me for what it was. She made me fight for the right thing. And so, before I was assaulted, after I was assaulted, I had no backbone...after all of that happened, it was like I lost who I was in a sense ... I've went from who I was before I was assaulted, who I was after, and then who I became as a mom.

Olivia was an outlier, as other participants discussed formative experiences entrenched in trauma. Specifically, participants discussed caregivers' mental health, substance use, ineffective modeling, and lack of love. After the assault occurred and participants navigated their own identity formation, their awareness of these formative experiences and their impact on their sense of self became more metacognitive. For instance, Jane, a 34-year-old White woman, who was assaulted as a child and again in adulthood, described seeking out information about her mother to feel more connected to her own experience. Jane discussed her mother's mistreatment of her as an extension of her grandmother's parenting of her mother:

I used to ask her all the time, “What was your childhood like?” I know that I didn’t realize I was asking because I was struggling. I think I was just curious to get to know my mom because we didn’t have a connection. Also, because she was bringing me to the bar at 12 years old and that bartender’s still there. He was very good friends with my parents and confirmed that my story back when I was 12 was true cause he was there with my mom, allowing her. And I think ... she didn’t learn that from my grandmother ... but it all starts with your childhood ... I raised myself. My mom took care of me the way she had to.

Two participants discussed how love and connection were modeled for them as transactional and conditional. They related this understanding to how they developed themselves within the context of relationships and feeling worthy of love and connection. Hannah, a 31-year-old White woman, who was assaulted at the age of 22, highlighted conditional modes of receiving love and connection. She focused on eliciting love from her mother through grades or winning, noting that the harder she worked, the more love she received from her mother. This later evolved into her understanding of physical intimacy, “I think my relationship with sex had a lot to do with ... wanting to feel wanted and to make people happy and give people what they wanted. Kind of that conditional love type deal.”

Margaret endorsed this idea of receiving love and connection as being conditional in the contexts of both her childhood and her intimate relationships. She discussed her mom always putting her on a “pedestal” and having to “climb” to reach it. After her assault, she recalled becoming more aware of this when her mother would refer to her as “strong.” Similarly, she noted more intimate relationships and how those informed her sense of self:

I struggled with my self-esteem ... I married the first person that showed me any signup, you know, like longevity or staying with me or that loved me. And I did everything possible to keep him, you know, to make him love me.

### **Identity as Mothers Impacted by Sexual Assault**

As participants considered their identity across time, this led to their reflection of motherhood as part of their identity. They often questioned their ability and/or desire to be mothers. Multiple participants reported a desire not to be a mother after their assault. Natalie had planned to have children since she was young. However, “after the assault,” she “was hell bent” on not being a mother. Margaret reported a similar experience of shifting from a willingness to have children to an aversion to the idea. She noted, “after my assault, after being divorced and then my assault and going through everything that I did, I thought, this is not happening.” However, after meeting her partner, things changed. She reflected, “once I met the right person ... that’s when I really felt, oh, like I really wanted to have children.” Winnie reported a similar shift in her desire to be a mother when observing her partner and his family. Before that, she had tied motherhood to her assault and lack of safety, whereas now she could envision a child being in a loving family. Until observing a safe and supportive family, she did not understand it could be a reality for her. As Winnie described:

When I first met him, I heard him talking to his sister on the phone. I’ve never heard anybody talk like that. I don’t know. Other survivors may talk about their radar. Yeah, so that radar was like, if he cares for his sister that much, what’s the rest of his family like? That’s the kind of family a kid would be safe in and loved safely ... Obviously my family wasn’t safe, and I hadn’t seen [safety] before.

Participants also described experiences of mothering before they were mothers themselves that influenced their motherhood trajectory. Findings suggested that individuals who had experiences of being a caregiver prior to becoming a mother had more clarity around their desire to be a mother, as it already felt like a part of their identity. These participants also considered how their trauma influenced their perceptions of mothering prior to becoming a mother themselves. Kate, a 53-year-old White woman, who was sexually assaulted in her childhood and again as an adult, discussed specific instances of being a caregiver:

So, my little sister came along. That's when I knew I wanted to be a mom, because I just fell in love with this baby. And then my other little sister came along, and they were mine. I would come over on weekends, and they hadn't been bathed for a week. I would take them in, I'd comb their hair. It was in snarls. I would run to see them, and they'd run towards me.

Hannah described being much younger than her older sisters and because of that, having exposure to caring for her nieces and nephews when she was in high school. She reflected that this experience informed her desire to become a mother. Given how the formative years of high school connect to identity, it is notable that Hannah's sense of self had been formed by some of these direct caregiving relationships. She shared:

I always knew I wanted to be a mom because my sisters all lived at home (when they were mothers). I think a big thing for me was I helped them raise their newborns and their little babies. I think I knew for a long time that how special that was, and that I wanted that for myself.

As previously discussed, individual participants noted a clear difference between who they were before and after the assault. In relationship to their understanding of their desire to be a mother,

participants noted this difference again. Alexandra clearly outlined how she ensured her identity as a mother did not have to be entrenched in her assault:

The experience that you have just does not define your ability to be a mother and you can; two things are true, right? You can be a woman or a mother ... and you can be that person who's been assaulted; you don't have to be the mom who was assaulted.

Collectively, the narratives suggest that the process by which any individual decides to become a mother is more complex for those who have had traumatic experiences, including sexual assault. Participants underscore this understanding by providing many considerations in questioning their capability to parent. Some participants drew on tangible ways they cared for others prior to becoming a mother, whereas others spoke about the basic understanding that motherhood was a necessary trajectory in their lives. Other participants noted a clear relationship between their assault and feelings against motherhood following it. For these participants, the desire to mother progressed through healing and self-understanding. Regardless of the experiences, the essential components of considering motherhood after experiencing sexual assault were intentional with all participants centering the desire to create a safe and loving environment for their potential children.

### **Identity as Mothers Informed by Self Reflection beyond Trauma/s**

When survivors of sexual assault became mothers, they reported a heightened sense of awareness toward their identities as survivors and as mothers based in earlier childhood experiences/traumas. Six participants shared narratives that focused on childhood experiences, connecting them to their own mothering approaches. For example, Alexandra stated, "I guess just being a mom and being the best version of myself is so much more important to me than being the girl or woman who was once assaulted." On a similar note, Margaret intentionally



changed her role in a family system to be more available to being a mother, stating, “I’m the peacemaker in our family, and I had to step outside of that.”

All 10 participants noted that their identity as a mother was informed by coming to understand themselves beyond their traumas. As Maris shared:

I became instantly a mother. A mother that I never had. That’s how I got through this because I learned from the mothering I didn’t have; I didn’t have a mother figure. I had a woman that was constantly beating me and telling me I was dirty, or she would say that the only money I’m going to do is being on my back. She degraded me. So, I didn’t grow up nurturing. I took all of that I didn’t get, and I said my kids won’t have that.

One consistent finding in participant narratives was the idea that they sought the capacity of motherhood as part of their identity. Specifically, four participants discussed an awareness of the need to mother themselves first, before they could properly mother someone else. As Olivia noted, “I had to raise myself, and I almost kind of doubted how I would be as a mom.” Winnie underscored this idea: “Part of being a survivor is it was hard for me to separate out who I would be. When the idea of being a mother came along, it was almost like I had to mother myself first.”

Beginning the process of becoming a mother alerted survivors of sexual assault to the complexities they may bring into understanding themselves in the role. Participants were alerted to (a) how sexual assault impacted their identity and (b) earlier childhood experiences. This understanding evolved as they entered the role more directly and the perceptions that grew from that.

### **Perception of Self as a Mother**

As previously mentioned, participants faced similar difficulties in fully extracting their perception of self from themselves as a mother. The questions guiding interviews considered

how women perceive themselves as mothers following a sexual assault and whether their perception changed their sense of self in connection to their identity formation.

At times, participant perceptions shifted during the interview. For instance, Alexandra stated that she perceived herself as being “very attentive.” Margaret acknowledging “what first comes to mind is protective, very protective.” Olivia reflected “I think I am a good mom. I have good days and bad days.” Upon further reflection, participants evolved beyond their initial acknowledgement to further consider their perception of themselves as mothers. A few participants began to challenge their perception of themselves as mothers during the interview. For instance, Kate had an evolution in the interview, noting initially that she felt like she was a “shitty mother.” When considering the question of how she perceived herself as a mother, she initially responded by noting “this is a loaded question.” She went on to explain that her perception of herself as a mother was “equal parts terror and love.” When she described learning, she understood that as she practiced, she learned more, which informed her perception. Kate was able to identify that over time, she has come to have a positive perception of herself as a mother, noting, “there’s always music in the house and meals together. We danced together a lot. And love, there was so much love.”

Furthermore, it appeared that participants had not heretofore considered how they view themselves as mothers. Monica mentioned not having a maternal impulse multiple times throughout the interview, noting “I am not innately maternal.” When asked how she defined “maternal,” Monica reflected that much of her perception of herself as a mother was entrenched in what she felt motherhood should look like. She reconsidered, clarifying, “I think when I say I don’t feel maternal, I don’t think that means I am not maternal. I think just what that means is

that I am not what society defines as maternal.” She made this connection to having an identity outside of being a mom.

Engaging participants in conversations around mothering occasioned them to stop and consider themselves as mothers, perhaps in a way they had not before. Indeed, all participants became aware of just how positive they felt in their reflections. For instance, Jane discussed how her assault experience shaped her framework for mothering and made it possible for her to view her successes, noting,

I want it to be more about them and not me. And I think that was the biggest a-ha moment ... I changed the way I viewed myself and now I can say, yeah, I am a good mom because I am trying my hardest, but that didn't come until I understood what happened to me.

Olivia further underscored this experience by sharing her awareness of how becoming a mother after her assault yielded positive outcomes for herself and her child when reflecting:

I had a kid who taught me to stick up for myself; literally having him changed everything because I was like, would I want him to be treated this way? No, I wouldn't. So why am I going to accept it?

Similarly, Winnie's pride in herself as a mother was clear in how she described her connection to her children. Along with her husband, she reflected, “I have been getting such heart reactions from our kids lately. We unsolicited got a letter we have from each of them saying how great we are.” Along similar lines, Alexandra described how she built a foundation of knowledge for parenting, noting that she's constantly “researching, constantly learning about new methods of parenting ... Always just looking for what I can do to help support them having the best life possible.”

Participants reflected on how their identity of being a mother connected to their perception of themselves as mothers. In this reflection, it is notable that sexual assault had an impact on the participants' identity as a mother, specifically. Participant levels of self-awareness about their traumatic experience created another insight. This insight was representative of narratives participants had internalized. Participants noted that these insights were outcomes of how the trauma shaped them as mothers. Understanding the impact of the trauma allowed participants to make conscious decisions about who they wanted to be, further supporting their identity formation, and by extension their identity as mothers. Part of this awareness was centered on their perception of who they were as mothers and accurately holding space for how they contend with the internal narratives they have developed about themselves. Seven of 10 participants had significant self-awareness that translated to this contention, allowing them to cultivate a truer understanding of self.

### **Fear and Doubt**

Nine participants discussed fear and/or doubt related to their mothering identity related to their assault. For example, Olivia feared she could not live up to her own expectations of motherhood after her assault, noting, "I felt like I wasn't going to be the mom that I wanted to be, and that's what really scared me." However, those feelings subsided in the first moments of motherhood. As Olivia described it, "The second that I heard his cry, I was like, okay, we're connected. That is it, and we can do this." Kate also described feelings of doubt, noting, "I thought I was a piece of shit." She recollected further, "I just felt like I'll do my best, but really, you really screwed up by making me your mom, kid." Like Olivia, Kate noted the contrast between the initial doubt and the actual experience of being a mother:

I was terrified to be a mom, but it was equal measure love and terror. And I loved that kid. It was like I never knew what love was until she was born. My first kid. It was like, there goes my heart outside my body and I'm never going to be the same.

As highlighted in the previous section, fear was a common theme among participants before they became mothers. After the birth of their child/ren, participants also reflected on moments where they were unsure whether their fear was justified or rooted in their assault experiences. For example, Alexandra contemplated how much her multiple assaults informed her interpretations of different parenting situations. She explained:

I've experienced multiple [assaults] in my life. So, there's a way of like me projecting and having to step back and ask myself, am I worried about this because there's an actual like it could happen, and I have facts to support it? Or am I worried about this because I'm thinking of my situation?

Alexandra recognized an important distinction: her fear response may translate to similar thoughts and physiological responses connected to her assault. However, the fear she felt could be justified. She stated that processing her fear response and potential ways to engage her thinking in these moments supported healing.

### **Losing Self-Identity in Role of Mothering**

Participants noted that both sexual assault experiences and mothering experiences impacted participants sense of identity. As noted above, the sexual assault empowered some participants' sense of their mothering identity. However, in a few cases, participants reported the mothering identity taking over their individual identity. Three participants discussed losing self when becoming a mother. As Olivia described:

I got to know myself as a mother and lost all other identity because that's all I know who I was at that point. It was like I had to lose who I was and become just a mom...and that's all that mattered at the time, and to just keep him alive and keep yourself alive.

Elevating the same point, Hannah discussed elements of her journey into motherhood and how she was afraid of losing herself. She noted:

I feel like now I'm just starting to get back to also being a person on top as well as not just a mom. So that's been very big for me to be able to get. I always tell people, I feel like after I had [my daughter], I lost a lot of my identity and basically got stripped down to just being a mom.

Similarly, Monica described innate fear she had of losing her independence, sharing:

When I was pregnant, I had a really hard time with the identity shift and knowing that my whole world was gonna change. I mean, even when people would say your whole life is gonna change, that would make me wanna throw up. I was like, I don't want my life to change.

To address these challenges, participants noted having to intentionally define who they were again outside of their role as mothers. When they prioritized their self-identity, participants reported feeling more grounded and more available to their mothering role.

### **Navigating Mothering Role and Practices**

In considering themselves as mothers, participant reflections were specific to becoming a mother beginning after the birth of their child. The following section extends beyond the mothering identity to explore the mothering role through the discrete and intentional choices that were directly and indirectly impacted by their sexual assault experiences. Even so, the concept of

identity formation underscores participant development across time and in association with roles one might take on as part of that progression.

Eight of 10 participants in the present study experienced sexual assault before becoming mothers. Two participants had multiple assault experiences, with experiences occurring both before and during motherhood. Notably, all participants became mothers intentionally, each making a purposeful decision to start a family. In addition, all participants noted a greater awareness of their identity as a mother through the process of better understanding their assault. Margaret described her desire as a mother to shield her children from experiences that were disruptive like her own, while also preparing them for challenges they may face. She noted, “You don’t want your kids to experience what you experienced, but you certainly want them to be prepared. So, it definitely has impacted, I mean, everything ... I’ve learned a lot about myself.”

In considering their mothering, participants noted intentionality in their engagement, modeling, messaging, and what they expose their child/ren to. At times, there were parenting experiences that activated participants’ stress responses and triggered thoughts of the assault. Additionally, there were intentional mothering practices that participants described as directly associated to their assault. Because of this, participants noted the increased need for supportive relationships and a heightened sense of self-reflection to get through these experiences.

### **Language and Messaging**

One outcome of the assault reported by participants was an increased care around how they communicate with their children. Participants described how they messaged information to their child/ren, with particular attention to language choices. Like others, Alexandra’s assault experience involved secrecy. Thus, in her parenting, she noted:

I'm very aware of...the language that I use with my children. I would never even say to my kids playfully I wanna tell you a secret. It's always I wanna tell you a surprise. I'm so hyper aware of language that I use. If any trusted person in their life ever tells that to them, I want them to know that a secret coming from someone you trust isn't normal. Similarly, Winnie discussed the importance she places on emotional self-awareness. Winnie discussed the approach she uses with her daughter in recognizing and reacting to her feelings:

The main thing with my daughter is something to do with emotions. I realized that there are these things called emotions, and we actually don't control them. We can control what we do when we have them. And I learned that, and it was so helpful to me to give myself permission...so teaching my kids, that was very important.

Natalie endorsed this thinking by considering how she converses with her children and how that interaction may translate to their understanding of how she values their voice, even as young people. She reflected, "I speak to my kids like they're people. There is a level of accountability in conversations, very much hold space and time and support for emotions and feelings and talking through those, not just barking orders." Similarly, Monica brings this attention to language to conversations with her son's caregivers. She described an interaction with one of his caregivers where she normalized her son's feelings and articulated her style of "time out" discipline:

I'm doing something completely different. I'm not leaving him on a chair, like tying him down and like leaving him somewhere alone. I was like, 'I just wanna be sure that like, you understand that what he's feeling is normal feelings, normal development. Like he needs to explore this.'



Language and messaging internalized by their children was a clear priority for participants in how they approached their mothering. Participants were cognizant of their own language and the messaging of other individuals who had significant roles in their child/ren's lives. Language and messaging decisions were connected to narratives that participants hoped for their child to internalize and avoid ones they did not.

### **Perspectives of Gender**

Four participants spoke directly about parenting decisions they made related to the gender of their child/ren. All ten participants noted that their sexual assault experiences were perpetrated by a male. Informed by their sexual assault experiences, participants indicated a desire to inform their child/ren about their role within the greater society. Participants described wanting to be clear and direct about the implications of gender-specific privilege or marginalization that can occur. For example, Natalie resisted the tendency to rationalize and minimize problematic behavior among boys. She recalled her son's behavior as an example:

Even at this age, he's in that like, I'm gonna grab everything stage, and I'll grab his hand and tell him to be gentle, just like I did with my daughter when she was a baby. I have had my in-laws and folks say like, 'oh, boys will be boys,' but no, like if I permit it, then it's gonna continue. I'm not going to parent him any different, especially in that regard.

Olivia likewise considered the idea of privilege as it related to her son's gender and race, and how the intentionality of her mothering was in response to her sexual assault. She reflected:

He needs a mom who's going to raise him to be a good person, and I can't raise him to be a good person if I have doubt in myself. I want him to take being a White man privilege to his advantage for the right reasons. I don't want him to be a bystander. If he can stop

something, I want him to stop it, and I don't think that would be as important to me if I hadn't been through what I've been through.

Thinking about her daughter, Hannah discussed implications of gender through consent, explaining:

Teaching her to have her voice and do what she wants to do and stand up for herself, already talking about consent with her, that is a huge part ... people pleasing and putting your physical safety before anything else, other people's feelings type deal. I stand up for my kid and say, my kid is not a hugger at all ... I feel obligated now to confront some of that because of my responsibility to my daughter.

Jane echoed this idea of consent, noting, "I now know how to show her ways to understand your body, not just your physical body but your tolerance."

In hearing from participants, the undertones of internalized biases as it related to genders were far more obvious to them, as they watched ways in which their child/ren's behaviors or responses were externalized. Participants noted rationalizations, assumptions, and implications that were paramount in how they showed up in their mothering and how they created awareness for how others perceived their child/ren. Such reflections were directly connected to the participants' experiences of sexual assault and the rationalizations, assumptions, and implications stemming from them.

### **Safety and Protection**

Many mothers had difficulty with the concept of safety, particularly the ways in which their child/ren interacted with people outside of their nuclear family. Some spoke of instances when there were intentional decisions made as part of their choices in how their child/ren

engaged in their own worlds. For instance, Margaret discussed protection around sites such as sleepovers, sharing:

We are their parents, and we wanna protect them anyway that we can. So, there were no sleepovers. Like, if kids wanted to come over to our house to have sleepovers, great. We just, we were not going to have the kids go and do sleepovers. They could spend some time with kids, as long as we knew their parents, and we were friends with them, but no time with anybody we did not know.

She further discussed protection of her child/ren, stating:

I went in knowing that I can only protect my child so much. Something could happen at school, but we did what we could. I have always told my kids, be prepared...I think with sharing my experiences, they're able to do that.

Alexandra reported similar vigilance about safety informed by her assault, noting, "there's certain things, as they get older, I won't allow them to do like sleepovers. In some ways, I think [the assault] can make me a little bit of a helicopter mom."

### **Control**

All participants noted feeling protective of who their child is exposed to and who they established trust to be a part of their child/ren's life. However, three participants specifically discussed a need for increased control around their children because of their assault. For example, Natalie spoke candidly about how her drugging and associated loss of control in her assault impacted her parenting: "I find myself being that protective controlling parent...doing whatever resemblance of control, having all of that and so not only the assault."

By contrast, Olivia described the release of control and the centering of agency as her parenting response to her own loss of control in her assault experience. She shared:

Rather than trying to take away from his personality by saying, you can't do that, no to that, no to this, all this stuff, trying to just let go of control, which is something I found I like to hold onto a lot since my assault, is just, I lost control of so much in that moment. I try to find control in every other aspect and making sure I don't push that onto my son where I try and control everything. There are things where it's unacceptable behavior and then a different between unacceptable behavior and just who he is as a kid.

Margaret endorsed the idea of control while noting the difference in what type of control it is. She stated, "it's a different kind of control. It's more of protecting them."

### **Triggers and Challenges**

As part of their reflections, participants were deliberate in considering how their assault presented itself in the context of mothering. Participants were able to draw clear parallels on how interactions with their child/ren through the lens of their sexual assault impacted them greatly, at times in a painful way. Alexandra discussed how when she is actively in her mothering role, there are actual interactions that mimic the feeling she felt at the time of her assault. She shared more specifically:

Sometimes bedtime with my three-year-old is long and takes a long time, and I get very anxious...I've started to have a panic attack, and I couldn't figure out why for a little while, and then I realized it's because I feel trapped. I feel stuck because he won't let me leave. He wants me to read book after book. I try to leave, he doesn't let me and his is very similar in my assault. There was feelings of I was hostage for a while; I was trapped and so like sometimes doing things with my son triggers those same feelings. That was really sad for a while cause I'm like, "Oh my God, I'm doing bedtime with my son and

having flashbacks of the event,” and like bedtime with my son is a joyous, like a beautiful time.

Olivia likewise understood the conflict that happens in experiencing something relational with her child and the emotionality of her assault co-occurring. She reflected:

I think the hardest thing for me is now that we’re in the toddler years, when my son is grabbing at me and when I tell him to stop, and then it turns into a game for him, and it’s not a game for me. It triggers something in my brain. And I mean, there’s been times I’ve like yelled, I’ve screamed to stop, and I’ve scared him because it’s something that happens to me ... I wasn’t prepared for how I would feel in that situation than the first time that it happened. It literally scared me. ... [O]ver time, I’ve slowly learned how to deal with it. ... But that is the hardest part for me right now.

Alexandra noted that her partner helped her become aware of what is happening in her mothering experience, sharing:

Sometimes I even have to later debrief with my husband, and I’ll say, listen, I’m pretty sure this is like very uncalled for and like what I’m feeling is out of this world, but I’m just gonna run it by you because sometimes just talking out loud helps me realize that it’s my shit and not their shit.

Furthermore, there were participants that noted that as their child/ren grew and were aware of their assault experience, they, too, were more cognizant of how it was showing up and would assist their mothers in managing emotions. For instance, Winnie noted that her children will actively acknowledge that it is her “dad stuff” coming up following a moment of emotionality. Margaret shared a similar openness with her children where she described when they go out to

eat, she cannot sit with her back to a window or door. Sensitive to this, her children will ensure she has that feeling of safety in her seat.

Participants describe a clear trauma response that becomes more pronounced when themes of their assault, such as being physically and emotionally trapped, stuck, or hurt, initiate similar emotional responses. Participant emotionality presents as a trauma response. Simultaneously, participants noted a sadness associated with these responses, particularly at moments when they would have preferred to center positive connections with their child/ren. However, the trauma response incites complex emotions that may not make sense in the context of their role as a mother. Participants' ability to move through their level of reflection and understanding has given them context to their trauma. With that context, participants reported an understanding of why they are responding in the way they are and an ability to move through it knowing that it is not a part of their relationship with their child. Last, participants noted their ability to reach a point with their child/ren to share their traumatic experience/s. The process of sharing allowed for their child/ren to have context to some of the ways in which the participants responded to certain situation, allowing them the same understanding.

### **Navigating Healing**

Participants experienced pathways toward healing at varying points following their assault. Participants noted similar pathways, though their trajectories were unique. One element worth noting was that individual healing capacity appeared largely dependent on the level of self-awareness related to the impact of the assault. Essentially, participants who were able to think about their assault beyond the isolated moment itself had more capacity to heal. Participants noted factors that either influenced or detracted from their healing. In the section to follow, findings are organized to represent the trajectory of healing emerging in the data.

Initially, participants discussed emotions felt across time. As part of this explanation, participants shared the process of understanding their emotions once a context was given to them, noting that different experiences assisted participants in better understanding the emotions they feel. Next, findings revealed explicit ways of healing described by participants. Participants gave accounts of their healing from somatic, artistic, relational, and spiritual perspectives, giving weight to these examples in a way that was therapeutic without being limited to a traditional therapeutic space. Participants noted two foundational components of their healing, which were grounded in (1) the belief in themselves and that there was life beyond the assault and (2) trauma narratives that may have been created for them.

### **Barriers to Healing**

While individuals responded differently to traumatic experiences, participants reported some similarities. Many experienced the same emotional reactions, though the time in which those emotions presented varied. Emotional experiences were not only related to the assault itself. Rather, considering the assaults within the context of one's life created many avenues of emotionality. Those experiences would either create barriers to healing or alternatively, made healing more available.

At times, participants noted that an initial part of their healing was overcoming barriers. For example, Margaret noted her awareness that despite her family's desire to be supportive, no one could be there for her fully, only herself. As she shared, "nobody could really spend their life helping me because they had their own life." This created a barrier to healing, as she was relying on external supports from people who did not understand her experience. She noted her growing awareness about her healing:

I put a mask on every day, but on the inside ... I was going crazy. Sometimes I let that show. I let that show to anybody who created any negativity in my life. I didn't realize I was dodging it, that to heal, I was trying to go over, around, and under.

Similarly, Alexandra discussed her hope for healing through externalized systems of support that she could not access. She reflected:

There was a long period of time, like in my grieving process, where just not having really any hope in the world. I used to be a somewhat religious person and that was all gone after this happened. It took a while to get over.

The complexity of emotionality was clear in how participants processed their experiences. Not all emotions were synonymous with experiencing sexual assault, and there were both similarities and differences in how they described them. For instance, Maris described feeling closely connected to God and highlighted this connection as a part of her healing:

What shifted with me was that I felt shame ... when I was shamed and blamed and abused and sexually abused again, and the memories, it was like, I don't feel dirty no more. There was a period of my time that I said, I'm useless. I gave all my time, the whole wide world. Nobody's here with me. It was only me and God.

Kate discussed both her pain at being ignored, forgotten, and "in the dark." Having had experiences where she was disconnected from her children, for instance, because of adoption, came to terms with her own ability to remove herself purposefully from the mothering role. As she described:

And I saw myself going into the future, and I was touching down into different parts of their lives. It was like I was in darkness, but they were in light. At first there was terrible grief and then there was anger, and then there was indifference. And then it was like, I



will never think of her again. She never lived. They didn't want to think about me, and it was the way they had to cope without me.

All ten participants noted that it was essential for them to truly understand how their emotional experience was creating an understanding that was not representative of what healing could be. Rather, the emotional experiences were directly impacting the participants' beliefs that they could heal. Clarity around the emotional responses allowed them to engage in a level of self-awareness that opened the idea that healing was an actual possibility. Much of that self-awareness started with participants' belief in themselves to be actively involved in their own healing.

### **Pathways to Healing**

Having a level of self-awareness and then acceptance moved participants beyond the emotional experiences to healing. For instance, Monica described the process of first understanding her internalized emotions, then navigating them, and finally releasing her previous coping methods. She reflected:

Now that I'm older, processed it, and I've seen therapists over it, like I know that that was my survival, to shut down and just like pass. And that's been me in every situation ... I'm like, I can endure. I can get through this and endure it and then figure it out after and that's always been my approach.

Margaret likewise underscored this discovery, noting that once she started to process her trauma and move through the emotions, she felt closer to healing. She shared: "Now I look at that in a very different matter. That's because I went through it." Similarly, Jane discussed the shift that occurred as she moved away from blaming herself to having more compassion. She shared:

I felt like I was trying to prove myself again and recovering from being a victim opened my eyes ... I can't blame myself for being married to someone who didn't give a shit. I can't blame myself for not knowing that what me and my cousin did or didn't do was wrong. And I am okay with my past.

In her growth, Alexandra began to understand how that assault continues to be a part of her, even in moments that she did not anticipate. As she reflected:

I need to like almost sit and close my eyes and take my healing self and think about what I'm experiencing and what uncomfortable emotions I'm having or visions I'm having, and then say, okay, am I just having this experience because I'm triggered.

Prior to discussing the pathways toward healing that played critical roles in the healing process, participants reflected on a range of specific emotional experiences and reactions. This range of emotional experiences made access to pathways possible platforms of healing.

### **Platforms of Healing**

Healing truly took on many different aspects depending on the individual. The healing journey was not only limited to more therapeutic spaces, but rather spaces that became therapeutic to the individual. These spaces were often still very much a part of the participants' lives and in many ways, the central ways they continued to connect to their healing. Healing came from participants reengaging with aspects of their life that gave them joy and connection. At times, healing came from participants seeking out new pathways of joy and connection. Last, there were platforms of healing that were directly related to outcomes following the assault that led participants to feel stuck in pain, needing to reframe to heal.

### *Writing*

Writing was a pathway for healing among participants, whether it was an avenue to truly express oneself without judgment, an avenue to share an experience with someone else intimately, or as a platform to create shared experiences in the survivorship community. Four out of ten participants discussed some form of writing as part of their healing. Olivia noted, “there are some things you just cannot say out loud, so writing it down is like, it’s like getting it off your chest without having to speak it.” Winnie, endorsed this by sharing, “It’s almost like permission to say things I wouldn’t tell anyone ... I wrote it all down because I thought it was important ... because I had some agency and it actually made me feel better.”

Writing showed up in journaling, writing poems, songs, and novels. Some of the writing was directly expressive of the participant’s assault, whereas, other forms of writing were deeply connected, taking on their own story within the context of their trauma.

### *Somatic*

Participants understood that their physical body was an essential aspect of their healing. Part of this understanding was the actual physical symptoms they felt and once addressed in a somatic way, the relief that came from the intentional focus on their body’s healing. Kate shared her experience of movement as healing:

I started to dance every day. When I danced, I forgot everything. And then I got into music and just dancing ... anything where I could move my body and just not think or do something complicated was really healing.

Similarly, Alexandra, described the healing that came as she embraced the idea of somatic release.

I harbored a lot of pain in my body for a long time, and I just kind of believed that I held my trauma in certain areas ... There's a lot of just like emotional healing work, like accessing parts of your body that are harboring and the trauma kind of disconnecting you from that and removing the ties for you.

Later in her interview, Alexandra continued to describe the somatic journey. The description surrounding her body and mind connection was practical in nature, while also centering the idea of being present. Alexandra reckoned with moments where her mind and body connection manifested in difficult ways:

It sounds so cliché, but like deep breathing and reconnecting. Especially in times of flashback or being super triggered or feeling panic come on, grounding myself. And that may be just like putting my feet on the floor and naming 10 things that are around me. Physical expression is huge for me, in the form of singing or yoga or doing a super intense workout ... The need to like run and escape and be out of my normal body, I think it connects to when you were saying like disassociating as well for a while. Like you, part of that is actually the physical state of disassociating with your body.

### ***Advocacy***

Six participants discussed ways in which they engaged in advocacy work around sexual assault. Advocacy took myriad forms, including speaking on behalf of their experience, participating in crisis response, and working towards systems changes in law enforcement, policy, and/or legislation. Olivia shared that when she speaks at conferences, "it actually makes me proud that [my son] can grow up and say, I'm proud of what my mom does." She notes further, "speaking has helped with my healing a lot." Becoming involved at the legislative level, Natalie would go on to play a significant role in assisting in state level response to sexual

assaults. She discussed, for example, how learning about rape kits in her county was debilitating to her healing. However, as she shifted her energy into more active involvement at this level, healing became active. She shared:

I saw a news report in my state that there was a backlog of 10,000 rape kits that were never tested ... I broke down. Like I did take a day off work, like I could not collect myself...when that story hit, and I finally kind of pulled myself together, but was in conjunction with, they were gonna be passing legislation to clear the backlog. I reached out on a whim. I don't know what compelled me...One of the representatives asked me to share my story specifically at one of the meetings, like in detail. And I did, and it was the head of the prosecuting attorney's office who was on the task force that denied my case who came to me afterwards and apologized ... I didn't know I needed that healing.

### ***Relationships***

Participants noted relationships as another pathway of healing. For example, Alexandra discussed a level of stability in her relationship: "As of now, I have a very safe life. My husband is safe emotionally, physically; I have a home." Kate also reflected on the role of her intimate partner:

I met my husband. I met him in March. And then we met in real life in October, and we've been together ever since. Most of the poems in the only book I've ever published are about him. And I write songs too. So, he's my muse.

Natalie reflected on friends pushing her out of her comfort zone, noting,

I had very good friends at various points in the journey that kind of forced me to do something I was scared of every day because I was scared of everything. I am going to go the grocery store by myself.

As noted, participants discussed direct ways that partners, and friend relationships supported their healing. While participants did not note specifically that the relationships that they have with the child/ren being part of their healing rather speak generally about their mothering and other relationships, inferences can be made from the narratives that this was a factor. For example, Margaret discussed the relationship between herself and her children as an inspiration. She shared:

Through each milestone in my kids' life, from them going off to kindergarten to first grade to then high school, and then college has been so huge because they're just the neatest kids ever. I am proud that I've been able to do that for them. I would've never been able to do that if I hadn't experienced what I experienced.

Winnie discussed observing her daughter's identity evolve and the significance it has had on her to be of witness to it. She shared:

She's taught me so much. And at same time I'm terrified for her too. The world can be very mean. My daughter and I like to say, "What's your mission?" Life seeks out beauty. In her writing, I think, "How does she know this stuff?" I read. I do cry. That's part of what [my daughter] means. I have noticed that when you pay attention to what's real and similar, they're really fascinating people.

Monica described the love she feels for her child and how much that has opened her up to part of herself that she did not know existed. She reflects:

I've never loved anything the way I love him and he, like, I just got a wave of like being emotional. He makes everything not matter that shouldn't have ever mattered. Just the connection. Yeah. I just genuinely more than anything want him to just be the best

version of himself. And happy. Yeah. And mentally healthy. I think sometimes when we're so deeply connected to something, it's such a genuine, deep-rooted feeling.

### ***Validation***

Participants acknowledged that while they may not seek out validation, when it occurred, it had a profound impact on healing. Validation came mostly from individuals in positions that could be instrumental in how the assault was perceived. Some participants noted moments of internalized validation emerging from work they had done to get to a place of healing. Others noted significant moments where validation was clearly offered by another. Five participants discussed both types of validation. For example, Natalie discussed disruption that came from the apology she received from the prosecuting attorney described above. She shared:

And mind you, it wasn't her that [apologized], but it was her office. Sure, sure. And that's one, like the whole drive home, I cried. I didn't know I needed that healing. I didn't know that apology would matter. But it did.

Olivia endorsed this sentiment, having had been retraumatized shortly after the assault in the way that those in power treated her. Separate from these individuals, she came to know an attorney who changed her course in some ways. As she recalled:

He passed it on to [another attorney] who was the assistant commonwealth attorney. He had actually just come back from a conference called Trauma to Trial, where he learned about the campaign, start by believing. I was actually in New York City walking on the Brooklyn Bridge, and he called me and said, hi, my name is [attorney] and I'm with the Franklin County Attorney's Office, and I just want you to know that I believe you, and I will stand with you. The first thing he said to me. And that was the first time anybody outside of my support system had said that.

Monica's journey to understanding her assault to be an assault was deeply engrained in her therapeutic relationship. She noted that it took her therapist putting words to her experience for her to come to know what assault was. She shared:

So, I feel fortunate for your therapist being out there in the world and being able to just like say that because I think a lot of people, even within the helping field, have a hard time verbalizing because like it's so entrenched in their experience in the society that like we have a hard time defining it for others.

Healing took on many forms in how participants described their process. Some healing came from their internal world and other healing came from external factors that directly called to the connection to what the participants felt was true and what was factually true. Regardless of the type of healing, it was significant in that participants represented that healing does occur after an assault. The inspiration that they pulled from their journey allowed for them to connect to their life beyond their assault and in ways that were highly relational, creative, and significant.

### **Cross-participant Analysis**

While there were shared experiences amongst the participants, there were clear circumstances that are important to draw attention to. This section will highlight the circumstances that could have created variance in how participants capacity to understand their sexual assault, identity, mothering role, and healing. Specifically, the section will acknowledge that (a) the time between the actual assault and the time of the interview differs among participants, (b) participants' ages at the time of their interviews differed, (c) the ages of the participants' children at the time of the interview differed, and (d) the number of assaults the participants experienced differed.



**Elapsed Time Between Assault and Interview**

There was a difference across participants in how much time elapsed between their sexual assault/s and the time of the interview. Four of the participants noted having experienced a first or only sexual assault as children/adolescents. Six of the participants experienced a sexual assault in their early adulthood.

Additionally, despite some participants experiencing the assault at the same developmental age, there was variance in the time between the assault and the time of the interview. For instance, two participants experienced an assault at the age of 32 and at the time of the interview, one participant was 34 and the other was 59. Broadly, participants who had more time between when they experienced their sexual assault/s and the interview appeared to have a greater capacity to be reflective of their identity and mothering role than those who had experiences within the last few years. This greater capacity led to more depth in the reflections as participants processed the relationship between their trauma and mothering roles, with individuals having a greater capacity to heal. Differences in participants' capacity to understand their traumatic experience in relation to their identity development and mothering may help to explain differences in healing trajectories.

**Age of Participants and Age of Participants' Children**

In considering the age span of participants, 28-63, how they considered themselves and their mothering was largely dependent on where they were in their lifespan development at the time of the interview. Similarly, the ages of the participants' children impacted their perspective on mothering. Participants with adult children spoke about mothering in a less salient way, noting broader themes of mothering. Those who were new mothers differed from those who had adult children in that they spoke about their mothering role with more tangible associations.

Differences in participants' ages of children may help to explain differences in how participants considered the mothering of their children. Mothers with younger children, particularly children under five, were new mothers whereas those with adult children had more exposure to the mothering role. This may account for the differences in how individual participants consider themselves as mothers. Specifically, newer mothers processed the earlier mothering stages whereas mothers with adult child/ren had experiences of mothering at multiple developmental stages.

### **Single and Multiple Experiences of Sexual Assault**

The experiences of sexual assault varied in that there were participants that had single instances and others who had multiple experiences of sexual assault. Two participants experienced sexual assaults as children/youth and again in their adulthood. Participants who had multiple experiences of sexual assault considered their experiences in varying ways at different points in their lifetime. Particularly, those with multiple instances of assault recounted different levels of trauma felt that directly connected to a more integrated shame narrative, one that was representative of what they internalized based on time of assault and the care they received and/or provided for themselves at each juncture. More specifically, participants with multiple instances of sexual assault had difficulty centering their own wellbeing and healing. Additionally, they reported multiple incidences where they were disconnected relationally, at times from their children. Participants were deeply impacted by the assault most recently experienced and recollecting previous assault/s, simultaneously. Differences in participants' number of incidences of sexual assault may help to explain differences in a capacity to mother and/or heal across time, given the re-traumatization another assault causes.

### **Chapter Summary**

This chapter reviewed findings gathered as part of narrative interviews for the present project. Participant stories provided insight into the incredibly complex and nuanced impacts of sexual assault on development across time. Participants vacillated between their own individual experience of sexual assault and other factors that impacted their identity formation, engagement in mothering, and healing trajectories. Centering individual voices allowed for experiences to be considered both in isolation and in conjunction with others, leading to deeper connections. The deeper connections also offer appropriate ways of engagement when considering how to support individuals beyond the sexual trauma itself, into other significant parts of their lives. While participants had commonalities, there were also differences that limit broad generalizations about their responses to sexual assault and self-identity. Chapter Five interprets findings, explores social-justice interpretations, highlights limitations, and offers considerations for future research, scholarship, and clinical practices.

## CHAPTER FIVE: CONCLUSIONS

The research question guiding this study sought to capture a greater understanding of identity formation specific to women who have experienced sexual assault and how healing pathways further developed their identity in their role as a mother. The initial research question evolved to include two additional questions. The first goal in incorporating additional questions was to understand specifically how sexual assault may contribute to the construction of identity in those who experience it. A second goal was to understand the factors that influenced participants' experience of, or healing from, sexual assault that shaped how they viewed themselves in their mothering role. This research responded to gaps in literature related to sexual assault at both a system and individual level. First, the literature on survivorship is largely quantitative and generalized. There is a need for qualitative studies that highlight individual experiences. Placing individual experiences in context will create an opportunity for broader discourse about outcomes following a sexually based trauma. Second, existing literature tends to emphasize negative outcomes. New studies of sexual trauma that uplift narratives of growth and healing will help to transcend such limits. Third, studies have offered limited insight into the process by which individuals come to understand their sexual traumas. Fourth, there is a lack of depth in understanding mothering experiences following trauma.

In this study, 10 women were interviewed for approximately 1.5 to 2 hours. Participants considered questions centered around their own individual reflection of identity development across time, impact of trauma on identity and roles, and healing pathways created. The 10 participants were located within the United States and resided in eight states. All participants identified as women and were mothers. Nine participants identified as White, with one participant identifying as Hispanic/Latinx. Seven participants self-identified as middle class, two

as working class, and two as low income/homeless. Of the 10 participants, six participants had children living in the household under the age of 18, with ages ranging from 17 months to six years old. The other four participants' children, aged 19 to 41, all lived outside of the household. Seven of the interviews were conducted virtually and three in person. All the participants previously engaged in support groups, advocacy groups, or had experience sharing about their sexual assault experience in a public platform. It was assumed that participants with previous experience with talking about sexual assault would be more likely to be able to discuss related themes with candor and intention.

Outlined in the chapter below is an examination of the findings gleaned from the interviews. First, I will review the examination of the narrative interviews analyzed through an Interpretative phenomenological analysis. I consider how individuals made sense of their own experiences in connection to their social context (Smith, 2009). Second, I will contextualize my understanding of women's development, the impact of sexual assault, and healing trajectories, utilizing relational cultural, moral development, trauma, feminist, and attachment theories. I will review reflections between individual interviews to the broader group of participants, moving between part and whole understanding (Frechette, 2020). Last, implications, recommendations for research, scholarship, and teaching will be reviewed.

### **Interpretation of Findings**

The women involved in this study volunteered to share the innermost reflections of who they are as individuals and their overall trajectory in understanding, transforming, and healing following a traumatic event that is as violent as sexual assault. The participants showed differing levels of readiness in discussing such complex topics; some negotiated the varying emotional responses and encountered concepts that they may not yet have considered. Others seemed too

close to the actual experience/s to step outside of it. Regardless of how participants showed up, they were all eloquent, brave, and candid, trusting me to hold their stories with them. Participants desired to inform others, disrupt stigma and lack of knowledge, and, at the core, care for other survivors in creating a community.

### **Loss of Voice**

The section that follows explores participants' heightened awareness around their voice and the implications of sharing their experience, utilizing a relational cultural and moral development perspective. This exploration revealed three critical factors that contributed to loss of voice: (a) power over, (b) disassociation, and (c) internalization. Trauma theory further underscores the implications of these three contributing factors.

To understand the three contributing factors within the context of identity formation, it is first necessary to consider how experiences of sexual assault are viewed across time in the field of counseling and psychology. Particularly, I was aware of the patriarchal ideas of who women are. Others may misinterpret women's experiences or make assumptions about how women interpret their own experiences. These interpretations often reify women's powerlessness, leading to silencing and lack of autonomy. Gilligan (2012) highlighted how common it is for women to feel they cannot share their experience, and by extension, give meaning to their experiences. As she expressed it, "So many women had felt the same way: that we weren't supposed to say what we knew from experience" (Big Think, 2012, 6:17). I kept this societal tendency to devalue women's voices and their meaning making at front of mind when interpreting the data. Feminist theorists such as Gilligan have centered and supported women's voices. Jordan (2017) and Miller and Stiver (1997) were also pioneering feminists.

**Power Over**

This research operated under the assumption of the social construction of gender and power, and how gender and power relate to sexual assault. Normative conceptions of femininity, in addition to the stigma associated with lack of social status and social power, lead to further inequity for women (Fried, 2020). Judith Herman (1992) developed trauma theory, which considers how the distress an individual feels in response to a traumatic event can disrupt their capacity to respond to life demands. According to Herman, previous understanding of women's core identities were seen as weakened and traumatic experiences like sexual assault were questioned.

Societal perspectives informed by patriarchal ideologies normalize sexual assault and victim blaming (Cusmano, 2018). Cusmano examined how events that are reported by women are often trivialized by society, leading to a misconception that women are incapable of processing and reporting experiences that happen to them. Thus, uninformed, and biased responses to women's reports can, in fact, re-traumatize them.

Participants acknowledged that external responses to their traumatic events, in which an individual or system had power over their voice and autonomy, were also a significant factor in navigating their experiences. For instance, participants revealed that responses they received when they shared their traumatic experiences influenced when and how they shared what happened to them in the future. Participants reported feeling fear, shame, confusion following disclosures if they were met with judgmental responses. As a result, participants reported feeling lower self-esteem. Thus, the participants' narratives illuminate the need for informed processes and decreased stigma around sexual assault events.

**Dissociation**

With the core of relational cultural theory specific to relational connection, Gilligan (1982/1993) examined dissociation, the phenomenon of separating oneself from oneself. Gilligan (2011) explained the dissociation can women feel in response to their life experiences, signaling the active choice to ignore ones' physical and emotional cues, and relying on the unknowing of a women's experience. Specific to sexual assault, she described dissociation as related to a loss of voice and/or relationships, and the connectedness between the two. One might ask, if a survivor chooses their voice by sharing their lived experiences, do they lose connection and relationships as a result?

It seems likely that one motivation for participants' dissociation was survival. They had internalized the values of the patriarchal system to the extent that they were unable to reconcile with their experience. Despite the dissociation serving a purpose, individuals felt (a) their voice was continually not heard or valued and (b) that silence was the only way to avoid re-traumatization.

A connection can be made between this dissociation and the desire to become a mother through understanding women's sense of self. Specifically, part of participants being more grounded in their sense of self required a level of being more present in their physical body after sexual assault experiences. This required a level of understanding of what they were experiencing to be dissociation and how to move through that safely. Participants noted a shift in feeling high levels of disconnection, particularly between their sense of self before the assault and then after their assault. Kress et al. (2018) noted that events like sexual assault often lead to isolation because sexual assault is misaligned with human connection, inhibiting the relationships that support grounding and self-recognition.



Participants recounted ways in which they felt disconnected from others self. Ultimately, the feelings of disconnection manifested physically, emotionally, and relationally. This act of dissociation underscores the need for support to be centralized around mind and body connection and somatic practices as part of the healing trajectory. One participant discussed how after her assault, while in the hospital, the staff treated her as if she were having an emotional crisis. She perceived them as viewing her as “crazy” rather than as someone responding to a violent act. She dissociated from the situation by focusing on how she could support the other patients in the hospital at that time, related to the work she had done professionally.

### **Internalization**

Jordan (2018) used relational cultural theory to explore individuals’ perceptions that parts of themselves are unlovable or unaccepted by others, a phenomenon that may be experienced by some who have experienced sexual assault. Individuals who experienced sexual assault/s often report significant impact to their self-esteem and having more self-criticism (Schnittker, 2019). Furthermore, participants indicated that the experience of sexual assault exacerbated negative self-image internalized from caregivers in their early childhood. RCT posits that when there is not a sense of this care and respect in a relationship, individuals move away to protect themselves (Jordan, 2018). Participants in this research discussed times when they moved away from others to protect themselves.

As outlined in the findings, participants noted the awareness that their experiences were traumatic in a non-linear way. This is because the moment when participants recognized their SA as trauma did not necessarily result in healing or growth. For most participants, healing was possible only after they were able to fully understand and accept their sexual assault and the impact that it had on them, their identity, and their ability to care for oneself and others.

Participants were likely to vacillate between what they internalized as their own understanding of the sexual assault in conjunction with the implied perception of their sexual assault as presented by external influences, such as societal discourse around rape culture. For instance, one participant described the re-traumatization that she felt when the president of the college she attended implied that the trauma she faced should be resolved now that the college had to pay her for the harm they caused. Though the nature of these external perceptions varies, collectively, power over, dissociation, and internalization each contribute to individuals believing that their voices are not valued or respected when processing their sexual assault.

### **Loss of Core Identity**

Leading identity theorists Erikson and Freud provided groundwork for how the field conceptualizes development primarily in terms male development. Feminist theorists like Gilligan, Miller, Jordan, and Stiver noted a significant gap in understanding identity specific to women's experience. As I considered women who have experienced sexual assault and their identity formation, Erikson and Freud alone were insufficient. Feminist theorists' perspectives, particularly in the context of understanding sexual assault, identity, mothering, and healing, are imperative to inform research, scholarship, and practice.

Sexual assault does impact identity. However, it is challenging to isolate the impact of sexual assault independent of other factors because identity formation and relationship building is more complex and based on other factors like non-sexual assault trauma, experience of being cared for (or not), and other experiences before or after the assault. Women specifically contextualize their understanding of self through attunement toward and care for others (Gilligan, 1983). Thus, identity formation is closely linked to external influences and how those influences provide individuals more context in processing their own understanding of self. The

participants' narratives reinforced this understanding of core identity. Collectively, the findings showed that when sexual assault occurs, it violates this attunement and care-based aspect of women's core identity and sense of self. This violation subsequently impacts relational connections and the confidence and security participants felt in making decisions on behalf of oneself and others. The sections below will discuss the aspects of a women's core identity and how the violations to those aspects directly disrupted how they internalized who they were across time.

### **Attunement**

One central consideration is that a woman's sense of self is embedded in being responsible for, caring for, and including others (Gilligan, 1982). When a woman's identity formation is disrupted by sexual assault, it can violate her core sense of self, both physically and emotionally. One participant described the disruption of relational attunement she experienced when she was sexually abused by her father. She noted in the interview that she felt consumed by his needs, emotionally and physically. Similarly, participants discussed questioning themselves when processing certain circumstances and the signals they received internally. They described moments following their assault, prior to becoming mothers, when others' needs and wants were hard to separate from their own. Several discussed how, as they progressed into motherhood, they questioned whether they understood signals their children sent them and truly knew how to process those needs outside of their own. Furthermore, they seemed not to trust themselves to interpret their sexual assault experience or even make their own life decisions. This implication connects to identity formation as it relates to attunement where women describe a lack of trust in self because of the disruption to their core identity and, as a result, the questioning that left them actively disengaging for their own safety and for the attunement of others.

**Relational Connection**

Relational connection promotes growth in individuals as when two people connect, they want to participate in the others' growth (Jordan, 2018). Participant narratives provided insight into how this disruption and violation of attunement was representative across time, often leading them to question themselves, specifically in how they felt about their own self-care, and then how that related to care of their child/ren. Jordan discussed that in mutual relationships there is investment in the care of one another and the relationship. Part of this investment is that both individuals grow and contribute to one another's growth. When individuals have repeated points of disconnection, this can disrupt their sense of self. Jordan discussed perceived failure as part of the reflection of self, based on cultural ideologies, and connected to how individuals shape their understanding of motherhood. Sexual assault prompted participants to reflect on other perceived failures. However, they did not view the sexual assault itself as a personal failure; rather, the sexual assault brought forth internalized, profoundly negative narratives about how they see themselves in connection with others.

In many ways, the disconnection that was evident when participants described their trajectory of identity formation and healing when they became mothers. The study found that identity formation and relationship building is more complex in that it is based on other factors like non-sexual assault trauma, experience of being cared for (or not), and other experiences before or after the assault. Participants reflected on their relationships with their own parents, models of caregiving that were complex and often traumatic. When experiencing a traumatic event, individuals can experience traumatic disconnection, which may cause them to not maintain connection until they can feel safe again (Kress et al., 2018). Participants discussed times when disconnection would occur because of this lack of safety both prior to and after the

assault. Participants also discussed when relationships that promoted safety caused them to move toward more connection and eventual healing. Lastly, participants did note that once they were in loving relationships, they were able to consider having children as a possibility, an outcome of earned security or repair from old and new relationships.

### **Care for Others**

Reflecting on their sexual assault and caregiving experience, survivors often doubted their basic instincts and ability/desire to be mothers. Participants noted that their own contributions to caregiving prior to motherhood informed their sense of self in the context of caregiving. These initial contributions were often seen as positive, particularly in how they described caring for siblings or nieces and nephews. An additional part of their experience was the lack of being cared for or an expectation participants had around the care of others where they described the more parentified roles they held. One participant described the difficulty in deciding whether to maintain a role of caregiving for her siblings in a household that was highly abusive toward her, rather than choosing to live with her mother who was much more of a positive caregiver for her. This shift in prioritizing the care of others, rather than care of self, relates to Gilligan's abovementioned observation, specific to caregiving, that women attune to others and play an active role in being responsible for the care and inclusion. These understandings are embedded in societal and patriarchal understanding about gender and caregiving roles.

### **Finding One's Voice**

Participant's loss of voice and identity was not the only significant finding present in their narratives. One major gap in the research, which shaped the design of this study, is the lack of consideration of strength and healing that individuals experience as part of their healing.

Parallel to this is the capacity to enter roles and relationships confidently. Participants in this study fostered the ability to become self-aware and reflective, which led them to accessing their voices again. Individual became self-aware with high levels of vulnerability which was closely connected to finding their voices. It is with this vulnerability in facing their trauma and how it impacted them that allowed them to have a more grounded sense of self.

### **Self-reflection and Awareness**

Participants' self-reflection, which led to a heightened sense of awareness, was experienced prior to becoming a mother, and again when they entered the mothering role. Participants discussed their evolution in understanding the sexual assault and how they managed that, particularly in how much it controlled them, and the shift needed to feel more in control of its impact. For instance, one participant talked about how she became aware of the sexual assault leading her to believe that she did not deserve the love her partner was giving her, causing her to pull away from the relationship. Once she understood that thinking to not be representative of the truth, rather an outcome of the assault, she was able to move toward opening herself up to receive the love being given. This same process of heightened awareness around how their sexual assault impacted the giving and receiving of love was replicated when participants considered motherhood.

This research's foundation was centering primarily women's experience with an intentional focus on the act of reporting how their self-awareness grew across time. The centering was specific to the use of their own stories of how they make sense of their sexual assault, its impact, their identity, and in result, the healing they have experienced. An observation that was made following all the interviews was the way stories were told and how that connected specifically to their healing. In particular, after the fourth interview, as I drove home and

reflected on the conversation, I could not help but recognize the level to which this participant was aware of their experience and how that awareness was not something that came to them on their own, rather something that they had spent a significant amount of work reflecting, understanding, and processing, both with themselves and with individuals that became important people as their life progressed.

There were multiple interviews that provided insight into how the participants framed their story connected to their healing trajectory. For instance, a participant discussed the progression over time in reframing how she saw herself, first considering self-blame as the truth, moving toward a sense of strength and independence she felt. This progression resulted from her being available to potential parts of her life to flourish in a way she had hoped it would, but lost sight of after the assault. Individuals with more insight and the ability to express understanding about the process by which they became self-aware experienced more healing. Research underscores this process noting that narrative identity considers overall wellbeing of individuals and the differences that come from how stories are told about experiences and the impact that has on one's wellbeing (McClean et al., 2020). The idea that wellbeing can be connected to how individuals tell their stories and their narrative identity, coupled with the findings of this study, underscores the importance of this as part of working with individuals after a sexual assault event.

Beyond their individual selves, participants discussed coming into motherhood. Initially, participants discussed the level of pain they felt following their sexual assault and how that translated to motherhood. Specifically, participants noted that to care for another person, in the face of caring for oneself following the assault, felt outside of their capacity. Additionally, participants noted the discomfort that they felt in bringing a child into a world in which

something as violent as a sexual assault could occur. Participants discussed not viewing oneself as mothers and not creating an identity closely linked to caregiving. One participant discussed frequently throughout their interview how they were not “maternal” and across their lifespan, the characteristics they held were not that of what a “good mother” would have. Lastly, participants discussed the ways in which they felt fully engaged in the role of mothering. In some ways, this association could be directly connected to social constructs of mothering and how the experience of sexual assault might be perceived as in opposition to those social norms. This association is underscored in the literature, where “good mothering” is highly correlated to social constructs defined, such as being present and maternal (Schmidt et al., 2022).

Additionally, another barrier to participants’ confidence in entering the mothering role was connected to the models of mothering they experienced earlier in life. Given many participants’ negative experiences of being cared for at younger age, a negative association with the mothering role created a desire to avoid the potential replication of that relationship. It wasn’t until they had other examples of mothering that they felt more connected to the role as the positive models were a more aligned representative of the sense of self they wanted to establish—caring and loving for another in a way that felt safe and positive, for both them and the child they had.

### **Vulnerability**

Research within RCT discusses the level to which vulnerability plays in terms of sense of self and ability to connect relationally, particularly in a way that is positive. Depending on the level to which the individual is vulnerable, growth can occur in the relationship (Jordan, 2018). When considering vulnerability in the context of this research, I considered connecting relationally to others and relationally connecting to oneself. Given the level of disconnection that



participants described following their sexual assault, there was a need to reconnect to oneself. Vulnerability played a significant role in that connection as individuals needed to open themselves up to the possibility of life beyond the assault, particularly in their own belief that life could go on despite the immense amount of pain they felt. Part of this vulnerability was opening oneself up to situations that provided growth.

Reilly (2021) discussed how moving from grieving to healing can be social experiences, inviting opportunities for individuals to come together to actively heal oneself. The majority of participants became actively involved in advocacy and education around sexual assault. One participant discussed how having one conversation with one individual who allowed them to share their story with no judgement created safety in sharing their story with more individuals. Another individual discussed being a part of a conference and seeing other individuals vulnerable in sharing their story and how that allowed them to feel more comfortable with being vulnerable herself. Strauss et al. (2020) discussed how advocacy can lead individuals who have experienced sexual assault to regain their power, creating a level of understanding, coping, confidence, and connection. Additionally, participants discussed vulnerability in how they engaged people in their stories at a more intimate level. Participants discussed how they become more comfortable in advocating for what they needed or how their story was received by family and friends. Each interaction or opportunity to share their story increased their comfortability with being vulnerable and led to growth to see themselves beyond the assault itself.

### **Sense of Self**

Sense of self in the context of this research is likened to women understanding themselves through the patriarchal ideologies, specifically around the ideas of loss of voice and the deficient of relationships (Gilligan, 2011). As the researcher, I am centering the women's

experience. In alignment with what Gilligan posits, this is not to say that those outside of the female gender don't care or that women don't invest in circumstances outside of care. It is merely that through these patriarchal norms, all beings have internalized these social constructs in understanding self, and by extension have led to a devaluing of women's voice (Gilligan, 2011). The central assumption made by feminist theorists is that women's primary understanding of self is relational, in that who we are connects to the important relationships that are developed in life (Surrey, 1991). According to Surrey, part of creating relationships is rooted in how self-in-relation may differ across gender, noting that females internalize a skill of learning to listen. When one learns to listen and processes the feelings associated with that, "one begins to 'know the other' and the 'self'" (p.55). In the context of sexual assault and the impact on identity, the understanding that when the self-in-relation is disrupted, an individual may face difficulty in the process of learning to listen. Specifically, understanding the perpetrator ("know the other") and processing the victim's feelings ("self") and the experience of not being heard, works in conflict with one's sense of self and how deeply connected that is in creating relationships.

Participants underscored this experience in considering the self-in-relation to another, particularly in distancing themselves from their own sense of self. One participant discussed feelings of control as central to her life, and when sexually assaulted that control was taken away. She further discussed that with this loss of control, the foundation of who she believed herself to be was taken away in an instant. Another participant described listening to signals that she felt unsafe that night she was sexually assaulted and taking steps to ensure safety. Despite listening to her cues in relation to another person and efforts to ensure safety, the sexual assault occurred. She noted that this event disrupted her ability to truly know herself and became entrenched in her understanding of her surroundings and her internal cues. Both accounts show examples of how

developing an understanding of the impact of a sexual assault allowed participants to reflect on who they were before and the trust they previously had in themselves. When the violation occurred, participants noted that being vulnerable and acknowledging this event as part of their life experiences provided opportunities to heal beyond the assault. This level of vulnerability provided a growth that enabled an opportunity for participants to further define their sense of self. Part of this definition was inclusive of what happened to them and who they were, which led to further confidence and autonomy in identifying who they would become.

### **Connection and Healing**

An additional guidepost in this research was to amplify the healing that can occur after a sexual assault. To speak to the gap in research, there are few narratives that describe how when individuals who have experienced sexual assault reach a point of self-acceptance, they are able to regain autonomy and a capacity to care for themselves, and in the case of this research, eventual children. Increasing their capacity to see beyond their sexual assault, to a life worth living, a life connected to a sense of self that was truly connected to who they are and what is important to them. In the final section of the interpretation of findings, I will explore what self-acceptance following sense-of-self offered, with a specific focus on autonomy of self and decision-making, leading to their eventual care for others, specifically children. This outline encompasses the foundational understanding that, with a greater acceptance individuals had of their sense of self, further healing came from centering their own autonomy. This autonomy is directly connected to the idea that the trust individuals had in making their own decisions allowed them to see a pathway to motherhood, where connection on many levels could occur.

**Self-Acceptance**

The self-awareness experienced by participants fostered a level of acceptance and ability to move beyond the isolated trauma event itself, so they had a capacity to mother in a way that was true to themselves as individuals, creating a safe, healthy, and supportive upbringing for their child/ren. Herman (1992/1997) discussed the importance of naming the experience through her understanding of trauma theory. She encouraged practitioners to consider their observations in sharing the information of the individual's traumatic experience as a way of acknowledging its existence and providing language to express what it was they experienced. Additionally, Herman noted practitioners knowledge that healing is possible, as others too, have been able to accomplish life beyond the trauma, will lead individuals to a place of self-acceptance.

Self-acceptance for those that have experienced sexual assault is rooted in the idea that this event happened to you rather than believing it is who you are. One realization that I had when I came to the research was that there was a decision already made about the level to which survivors could manage the experience of talking about their sexual assault. Often in the field we hear about ideas such as trigger warnings or caution practitioners, scholars, and academics alike, that it is necessary to take steps to protect the individual from re-traumatization. When looking closely at this as a researcher, there are elements that are true. However, I wondered if we caution too much, or provide too many trigger warnings, are we inevitably telling individuals that they cannot manage this part of their identity? The realization while engaged in the narrative interviews with participants was that had they not been given the choice to participate in this research, an avenue of healing may not have happened. I noted that, in some ways, the risk of exposure to some level of re-traumatization in sharing their story and making connections to aspects of their identity is necessary for acceptance leading toward healing. Certainly, this isn't

to imply that those that go into this do not go in unknowingly. I created as much safeguard as possible while also being very explicit that complex feelings could be a potential outcome. I intentionally note this as part of the self-acceptance piece as I do feel that while individuals move through their identity formation, part of their efforts to understand oneself was by understanding what happened to them and to some extent, accepting it as part of how they have become who they are and how they got to where they were.

This passage in time is what truly was an element of each participant's journey towards mothering and identifying within that role what was deeply connected to their sense of self. Guggisberg et al. (2021) conducted a systematic review further highlighting that when women can process and connect with oneself deliberately to understand what happened to them after experiencing sexual victimization, were further able to accept a relationship to oneself and others.

As the field has become more evolved in the thinking of women's development, the area as it relates to a sense of self and acceptance can also be found within Gilligan's theory of moral development. Specific to this section's topic, Gilligan (2011) discussed the idea that as women have become more connected to their body, thoughts, and emotions, women can give voice to "aspect of human experience that otherwise tend to remain unspoken or unseen" (pg. 39). There is an innate desire to have a voice that aligns with resistance at times. However, in one's experience under patriarchal ideologies, when women have not had a pathway to be expressive about one's experiences, it quickly becomes dissociative to one's sense of self. This research was in alignment based on how the participants described the resistance they felt when they used their voice and how that created an internal narrative that it was impossible that their perception of events was representative of the truth.

Gilligan (2011) noted that at times, this very process by which women begin to doubt their own experiences begin to impact how they make meaning. Women in the study discussed moments in which they shared their story with someone, either for the first time, or over the course of their development, and how, regardless of whether that person was close to them (one noted a brother) or someone that they hardly knew (the nurse in the hospital immediately following the assault), they would be questioned. This questioning led to many of the participants questioning themselves and the legitimacy of their thoughts and feelings associated with the assault, distancing them from a level of acceptance of this traumatic event happening to them. New paragraph

Just as the participants noted this dissonance, they also noted a return to the belief in their story. One participant continued to use the line, “silent trauma,” and how the motivation to participate in the study was to overcome how others viewed her experience, highlighting her own experience to be the central truth. Brooks et al. (2021) underscored the importance of the processing of one’s own trauma as it related to post-traumatic growth in individuals. Part of this process was controlling one’s perceptions. It could be meaningful, as outlined by the literature and participant's narratives, that in assisting individuals who have experienced sexual assault to discern between their own understanding of what happened to them versus what they were influenced to believe happened. Furthermore, exploring how the lack of belief in one’s own narrative might have disrupted their own acceptance of the traumatic event would be another essential component of healing. Making this direct connection for individuals could potentially allow them to acknowledge the existence of negative influences and how that disconnects them from self-acceptance, leading them away from their own autonomy.

**Autonomy**

As noted above, internalization and external influences, such as rape culture, are often associated with survivors of sexual assault inability to appropriately assess what has happened to them following a sexual assault. However, when participants can release themselves from the internalization of perceptions and external influences, they achieve greater autonomy as active participants in their own narratives and thus confidence in making decisions for oneself. Outlined in this research, participants noted they felt increased autonomy when they were available to tell their own stories. Part of what was described by participants and is supported in the literature is that when individuals who have experienced sexual assault are able to tell their own stories and being believed, the process reduces shame (Whiting et al., 2021) versus the experience of not being able to share their stories can replicate the traumatic event. Feminist theory is foundational to uplifting women's voices. The uplifting is where individuals can claim their identity again and with that, regain autonomy. Specifically, as we consider relational cultural theory, the idea of who defines reality is directly linked to the growth one can feel and, by extension, the connections that come from that (Jordan et al., 1991). RCT does in fact look at the individual, 'the separate self,' and how the individual is part of a much greater whole, such as the larger systems individuals are a part of. This connects to this research, and particularly autonomy of those that experience sexual assault, as connection happens in tandem with others and the more autonomy one feels around their sense of self and stories, the increased exposure to potential empathy we can feel for one another, the more growth that can happen at a larger scale culturally (Jordan, 2017). In some ways, this very act of empathy and connection will undue the misconceptions and misinformation that rape culture creates. In addition, participants discussed themes such as empathy and care for others, increased their ability to feel confident in the

decisions that they made in the mothering. Instances outlined were informed by the larger societal implications of rape culture and the circles to which participants were connected to, such as their communities.

### **Care for Others**

The latter half of the interview was central to the question of their journey to motherhood, exploring when they knew they wanted to be a mother, and whether the sexual assault changed their desire to become a mother and if so, in what ways. The evolution of the conversation noted an alignment in what was mentioned previously with (1) participants feeling capable of being a mother and (2) participants being hesitant of their ability to make decisions on behalf of oneself, in considering motherhood. When the participants in this study became mothers, this resulted in a heightened sense of awareness toward their earlier childhood experiences, traumas, and identities as survivor mothers.

Part of the self-reflection that participants experienced was in line with understanding their attachment style in some ways. While attachment styles can be replicated in different relationships, relationships that participants formed in their childhood with caregivers created a foundation for their attachment styles. Many of the participants described some of their childhood experiences playing out in other relationships, prior to motherhood. Often attachment is replicated in relationships beyond parent and child. For instance, participants noted that part of their journey toward motherhood was being able to let individuals be a part of their lives in a relational way, rather than pushing them away. Johnson (2019) cited that adults with avoidant attachment styles pushed their partners away when their anxiety was triggered. Those with secure attachment disclose their anxiety, seek support from a partner, and access a calmer state. These connections were not always linear, as some of the participants had varying circumstances



that did not allow them to parent full time. One participant whose child was adopted noted that she “loved from afar without intervening too much.”

Given the differences in each participant's individual experience, a common thread was developed as they returned to their innate desire to care for others as part of their identity. The desire participants described was a basic instinct felt and the most organic and genuine way to provide that care was with a child.

### **Social Justice Considerations**

In counseling psychology, researchers contend with imbalances of power that show up in our research (Prilleltensky, 2008). There is a need for more action-oriented allyship beyond acknowledging oppressive acts in a therapeutic environment. Part of my role as a doctoral student has been to contend with my own status and biases, given the identities that afford my power and privilege. I have come into this research as an advocate and aim to be an active participant in consciousness-raising.

The present research is intended to inform systems of support when approaching posttraumatic growth and healing. Thus, social justice aims are inherent to this research. The interpretation described below attends to the oppressed and marginalized populations who are re-traumatized by discourses around sexual assault culture. Through my study design, I sought to create a platform for individuals to define their own experiences. Seeking resources following an event of sexual assault can bring up elements of oppression, specific to gender, race, and ethnicity.

### **Race**

An intention of this research was an analysis of sexual assault informed by intersectionality and critical race theory. The intention was motivated by wanting to center

women's voices of marginalized populations, particularly those that are deeply impacted by sexual assault. There are harrowing statistics that outline Black women experiences of sexual assault at much higher rates. For instance, as part of the interpretation of findings, the consideration of loss of voice is explored. For every individual Black woman that reports rape, 15 black women do not (The National Center of Violence Against Women in the Black Community, 2018). To further highlight this point is to understand the initial goal of seeing discrimination through an intersectional framework, acknowledging that Black women should be heard in the context of both gender *and* race (Crenshaw, 1989). While the present research did not represent narratives from racially marginalized populations (as discussed in the limitations section), it is necessary to attend to levels of reporting about sexual assaults. Even as they may have increased across time, current reporting does not account for the significant impact on individuals of color. To ensure the intentionality of centering the experiences of women, this section will review marginalized and oppressive components of the lived experiences described. Specifically, an exploration of race, social class, and gender are outlined.

In the U.S., 13.6% of Hispanic/Latinx women were raped during their lifetime, compared to 32.3% of multiracial women (Breiding et al., 2014). Women who are Hispanic/Latinx have large cultural implications where there is heightened attention around the male experience and assurance their needs and wants are met (Abar, 2019). The complications that can be specific to a Hispanic/Latinx women is that while the statistics, too, are higher than White women who have experienced sexual assault, Hispanic/Latinx will experience ostracism from their communities where the sexual assault occurred (Lefley, 1993). This ostracism happens simultaneously with victim blaming, embedded in patriarchal power. One participant did identify as Hispanic/Latinx. As she told her story, one element that she discussed was being married to a Black man, a man

that was in politics, who held power over her. Following her sexual assault, with a White male, she noted that her assailant was a prominent figure in her community. Despite being seen as a professional in the community who knew many of the community agencies, being someone who experienced sexual assault brought up power differentials. She discussed how there were clear lines of “White supremacy” and that individuals in the community viewed her as a “Puerto Rican girl acting up.” She stated, “There’s power. There’s White supremacy power. That’s where his family comes from.” As she considered telling her story, she spoke about the need to come out of a “silent trauma,” and normalize some of these cultural and societal norms that are entrenched in the context to which survivors understand their stories. New paragraph.

Washington (2001) conducted a qualitative study with Black survivors and found that the two greatest barriers to survivors accessing support were the racism faced in systems set up to support and the lack of diversity in health professionals. White culture creates an illusion that multiple perspectives are included when examining racism while denying other cultural expressions and norms within critical race theory (Cannon et al., 2019). Trauma within the context of a community has potential risk of drawing characterization in considering individuals’ experiences as part of their culture, highlighting a need for the structural analysis of racism (Quiros et al., 2020).

This participant also highlighted considerations related developmental understanding of caregiving and the intergenerational expectations, particularly embedded in cultural norms. Within the Hispanic/Latinx community, scholarship has shown that there is a disproportionate expectation for caregiving for women specifically (Escobar-Olivo et al., 2023). Women have come to a better understanding of gendered expectations of caregiving and the emotional burden as an outcome of this. However, the burden of intergenerational trauma that is held often drives

women to stay committed to their family and with that, the culture norms of caregiving, regardless of its impact on their individual wellbeing (Escobar-Olivo et al., 2023).

### **Social Class**

Literature presents limited research specific to social class and sexual violence (Phipps, 2009). Phipps illustrated the importance of considering class as part of understanding sexual violence and more specifically, contexts that individual experiences are understood through how victims are perceived and treated following a sexual assault. Individuals who lack relational and social support are at a greater risk to not access support following a sexual assault given their mistrust, furthering isolating survivors (Wilson & Butler, 2014). Most of the participants identified within the middle class. Two participants identified as working class and one identified as lower class, noting at the time of our interview, being homeless. The participant identified as homeless shared impressions specific to her experience in navigating systems of structure and accessing support. Her sexual assault was part of an intimate partner relationship. To disengage from the relationship, it was necessary for her to move, and as a result, she became homeless. She noted the difference in accessing care in two separate states having lived in one and moved to another. Specifically, she discussed limited access to crisis centers, particularly struggling to find shelter, clothing, food, and a phone. She highlighted that once she was in the care of a crisis center, they were able to provide many of these necessities which created more ability to engage in care and support. A significant part of this care and support was the capacity to navigate the complexities of her assault experience from an emotional, social, legal, and parenting perspective.

### **Conclusions, Limitations, and Implications**

In this final section, I discuss conclusions drawn from the research and dissertation. The chapter will explore limitations faced as part of the research, in addition to considering further scholarly exploration, including further research, clinical implications for practice, and academic scholarship. A final reflection will be provided from the researcher's perspective and the framework of Interpretative Phenomenology Analysis as the qualitative method utilized.

### **Discussion**

This research provides a central understanding of primarily White women's lived experiences of sexual assault. The lived experiences explored women's experiences before the sexual assault/s and the implications that followed. The findings illuminated the ideas that sexual assault does impact one's identity. However, given the complexity of identity formation and relational connections across time, it can be difficult to isolate the impact without considering other factors, such as non-sexual assault trauma, experience of being cared for (or not) and other experiences before or after the assault. The methodology utilized addressed a particular gap in the research in hearing from women themselves, and the meaning that they make of their assault. With the centering of the stories, this research imparts insight into how individuals overcame harmful narratives around their sense of self, externalized influences that created disruption and violation to their experiences, while intentionally defining who they were and eventually who they wanted to be in respect to their mothering roles.

### **Limitations**

This research had the primary goal of centering the voices of mothers who had experienced sexual assault. While the research remained connected to that goal, there were several limitations. An essential component is to understand the context that could have

contributed or detracted to one's lived experience. The context was made up of the environments, systems, and identities participants held. Participants were primarily White with one individual that was Hispanic/Latinx. With lack of racial diversity, this research was unable to account for the high numbers of sexual violence that women of color experience (RAINN, 2020). Noting the intersection of sexual violence, gender, and race, hooks (2015) highlighted that rape was a common method of torture for enslaved Black women. However, scholarship around historical narratives of slavery, as hooks (2015) noted, tended to focus on Black men's experiences. The implication is Black men were the real victims of slavery, as they were stripped of their masculinity. This context provides an example of the lack of critical examination of sexism and racism centering Black women's experiences (hooks, 2015).

Additionally, all participants identified as women in heterosexual relationships. Similarly, with no variation, another highly vulnerable population was not represented, having individuals who fall outside of a binary, heteronormative identities, voices were not captured.

When recruiting, many pathways were taken to directly access marginalized populations. However, most of the recruited participants were individuals that found the study through virtual platforms. There is the possibility that for individuals that do not have access to these spaces that were promoting the study would not be aware of the study, therefore an inherent privilege that made this study inaccessible to those that may have been interested in sharing their experiences. One element that is essential to note is that individuals who have experienced sexual assault often are not given the opportunity to share their stories. This occurs for many reasons. In proposing this as my research topic, there were concerns presented about researching such a vulnerable population. As I considered this, I wondered that by avoiding potential harm to a vulnerable population, such as those who have experienced sexual assault, how might the field

unintentionally taking potential participants autonomy away and by extension the ability to have their voice heard, like sexual assault often does. Furthermore, did the effort to protect a vulnerable population reinforce a continued marginalization of women, perpetuating trauma in a more systemic way.

All participants had been involved in support to some extent, whether it was individual therapy, group therapy, and/or support/advocacy groups. All ten of the participants had previously shared their story in some capacity, and with that, had increased awareness of what the experience felt like. In considering this as a limitation, for individuals who may not have had the experience of sharing their story, particularly in a therapeutic environment that tends to be safe and supportive, individuals may have wanted to participate in the study, however, felt discomfort in the interview being the first time they have spoken about it and what the potential outcome would be in sharing their story. Additionally, platforms of support that allow for shared experiences, such as groups, provide individuals with an ability to be connected to other individuals, removing the barrier of isolation. Without exposure to others that have shared experiences, individuals may be less inclined to share their story with fear of the outcome of doing so and the notion that they may not be understood.

Finally, there is the innate limitation of individuals having the capacity to share their stories for many different reasons: social, legal, and emotional implications. Unfortunately, as previously mentioned, where we have as a society made progress, there is still a significant amount of stigma, lack of understanding, and victim blaming that occurs as part of sexual assault experiences. For individuals to be vulnerable in sharing their stories can potentially put them in further harm. This is a larger limitation in that individuals who experience sexual assault are often silenced, leading them to process this on their own, in isolation of oneself.

## **Implications**

### ***Research and Scholarship***

There are continued gaps in the research specific to qualitative research for individuals who have experienced sexual assault. This lends itself to considering the other avenues as it relates to this research topic and particular populations one might consider as part of their research. For instance, researchers may consider accessing community-based providers and nonprofits that work directly with marginalized populations who have been impacted by sexually based traumas. Centering individual voices of individuals who are of marginalized populations that have high rates of sexual assault are important to engage, specifically individuals of color and individuals that are transgendered or non-binary. Additionally, the idea of mothering is often synonymous with women. However, the practice of caring for others spans different genders and roles. Findings in this research may lead to other perspectives around these genders, roles, and sexual assault's impact on identity and healing. There are many other individuals and roles that interact and influence individual's experiences of sexual assault, identity development, and healing pathways. Research could be conducted to explore family, mental health professionals, first responders such as SANE professionals, law enforcement, and environments that have high rates of sexual assault, such as college campuses, in their level of understanding as it relates to response to sexual assault, identity development at vulnerable developmental ages, and healing resources. Research conducted with individuals that work with mothers, such as primary care doctors, gynecologists, and pediatricians, perspectives on the topic would be worth considering in developing the understanding further and decreasing the stigma associated with sexual assault. Lastly, having spent the latter half of my interpretation of findings focused on Gilligan's work, utilizing the Listening Guide as a component of analysis would provide an alignment in



continued curiosity around women's stories and introduce another element of a theoretical framework embedded in women's development (Gilligan, 2015).

### *Clinical Practice*

This research centrally responded to the limited qualitative research conducted with individuals who have experienced sexual assault, in their own voice. The findings from this study will provide insight into the clinical setting, providing intentional practices in creating pathways of healing. This section will outline potential recommendations.

The narratives described in this research by participants noted the complexity of trauma and how individualized the experience of sexual assault is. Another consideration in sharing one's story is the response an individual receives when their story is heard and how that may be compounded by the stigma associated with sexual assaults. Being a mental health clinician myself, and taking on the researcher role, I could envision varying aspects by which a practitioner could bring intentionality and meaningful work across time in a survivor's experience. Practitioners should have a heightened awareness of how sexual assault can impact one's identity formation and how it relates to an individual's capacity to care for themselves and others as a marker of progress in their own healing. Specifically, there is an important focus around an individual's understanding of their experience, the influences that are part of their understanding, and the level of acceptance one has beyond the isolated event. Introduce these important recommendations with a sentence.

1. Offer insight to individuals that therapeutic trajectories can look different. Specifically, what individuals find therapeutic may not look like a traditional clinical setting.

2. Offer ways of accessibility to a variety of supportive pathways is essential, such as, somatic, advocacy, and artistic ways of being, with normalization around how those might be therapeutic for them individually.
3. When engaging with individuals and their stories, listen to support discernment between their own understanding of what happened to them versus what is influencing them to believe (or not) their own understanding and how the lack of belief in one's own narrative.
4. Acknowledge the existence of stigma and rape culture.
5. Explore how individuals may have some foundational narratives from non-assault trauma and childhood experiences that may have become more exacerbated following an assault.
6. Support individuals in becoming highly reflective of their process and determine what capacity the individual has to move beyond the isolated event itself, leading to a level of self-acceptance.
7. Create productive ways in which individuals practice having voice in decision-making on behalf of oneself.
8. Seek to understand and engage dissociative presentation and highlighting mind, body, and somatic practices as part of one's healing trajectory.
9. Connect their traumatic experience to their potential role as a mother, noting that they may not have made this connection before and how that might impact their mothering.
10. Provide avenues of awareness around how individuals think about the mothering role not only in conjunction with the impact of the trauma but also in isolation of

the trauma, offering ways for individuals to know they have appropriate insight on how to care for others.

11. Process internal and external ways of coming to know their desire to become a mother; support shifts in the how they feel about becoming a mother, and misconceptions/interpretations of ability to care for self and a child/ren following an assault.
12. Reinforce the idea of consciousness-raising and that by sharing individual stories, particularly in platforms that allow for shared experiences, decreased isolation may occur.
13. Consider privilege afforded to therapists as institutional carriers of power and positionality, particularly It is recommended that White therapists explore how their ability to uplift clients who experience marginalization and oppression (i.e. race, ableism, class) might serve to bring awareness to the disproportionate number of women of color whose voices go unheard within this topic. The goal of this reflection would be to create capacities within providers to both speak to sexual assault with people who might experience intersectional oppression and to engage in systemic awareness of the need for advocacy for this population.

In conclusion, a specific connection made between identity formation and mothering relating to their development across time will help individuals contextualize their understanding of events and impact. There is a great need to assist individuals to feel safe and supportive in sharing their story and the experiences that have been informed by that in an externalized way. Participants began to see themselves outside of their traumatic event/s, leading to a heightened

sense of confidence that healing is possible, empowering themselves to progress in different roles and opportunities.

### **Final Reflection**

The process of being the researcher for this study was an evolution for me. I came into the research having been closely connected to an individual who had experiences of sexual assault at different points in their development. Having seen the implications of their sexual assault—particularly on who they were as an individual and their mothering role—I felt deeply connected to understanding this at a deeper level.

Engaged in the narrative interviews, I came as trained as a licensed mental health clinician and a doctoral student. This afforded me an opportunity to build rapport quickly and create a comfortable space for individuals to engage with me about their story. As I met each woman, the stories I heard became engrained in how the analysis process occurred. I felt deeply protective of the stories shared with me, and I maintained an awareness of how that translated into the process by which I analyzed and interpreted findings. This protection was connected to the vulnerability each woman navigated with me in thinking about their sexual assault in the context of their identity and mothering, often for the first-time considering reflections in this context for the first time.

Additionally, the content of this research can ignite levels of curiosity that I worry could create demands of the participants in terms of the level to which they shared their story. I sought to maintain ethical integrity, particularly in decisions I made about what parts of participant stories I choose to share. Curiosity speaks to a collective desire to make sense of a something as violent as a sexual assault. It underscores the need to provide a rationale to inform outcomes or solve problems in academia, clinical practice, and research contexts. I have learned that the

process of making sense of sexual assault has led to invalidating individuals experience and the way in which individuals start to process, reflect, and make meaning.

There is no rationale or sense to be made of sexual assault. It feels essential to me that beyond the findings and their interpretation, I reflect just how meaningful and empowered the women I spoke with were. Additionally, it is important that I not speak about the participants through the lens of what happened to them but rather who they were as individuals. It felt central in further reflections to note that participants had varying instances of what their sexual assault experience looked like. As I further reflected on my conversations, I noted how limited these narratives were. For this research, the understanding of the impact of assault shifted and changed over the course of analysis. For instance, it was not the number of assaults experiences that someone had, or the level of violence as part of that assault. Rather, it is the condition, the context, and the meaning that individuals make of that experience that matters most.

There is life beyond sexual assault. As part of their development, women steady themselves in their identity and how that identity was formed both by the assault and their reflections on it. Lastly, women have experiences of connected and meaningful relationships, particularly highlighted in this study of being mothers. Their stories become a part of their role. Rather than causing fear, the stories support the women's developing autonomy.

## REFERENCES

- Abar, C. L. (2019, April 25). Rape culture in Hispanic communities. *Trauma and Crisis Blog*.  
<https://sites.bu.edu/daniellerousseau/2019/04/25/rape-culture-in-hispanic-communities/>
- Adichie, C. N. (2009, July). *The danger of a single story* [Video]. TED Conferences.  
[https://www.ted.com/talks/chimamanda\\_ngozi\\_adichie\\_the\\_danger\\_of\\_a\\_single\\_story](https://www.ted.com/talks/chimamanda_ngozi_adichie_the_danger_of_a_single_story)
- Agee, J. (2009). Developing qualitative research questions: A reflective process. *International Journal of Qualitative Studies in Education*, 22(4), 431–444.  
<https://doi.org/10.1080/09518390902736512>
- Ainsworth, M. D. S., Blehar, M. C., Waters, E., & Wall, S. (2014). *Patterns of attachment*. Psychology Press. <https://doi.org/10.4324/9781315802428>
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). <https://doi.org/10.1176/appi.books.9780890425596>
- Anderson, S. (2012). *Readings of trauma, madness, and the body*. Palgrave Macmillan.
- Appleyard, K., & Osofsky, J. D. (2003). Parenting after trauma: Supporting parents and caregivers in the treatment of children impacted by violence. *Infant Mental Health Journal*, 24(2), 111–125. <https://doi.org/10.1002/imhj.10050>
- Arnett, J. J. (2004). *Emerging adulthood: The winding road from the late teens through the twenties*. Oxford University Press.
- Babcock Fenerci, R. L., Chu, A. T., & DePrince, A. P. (2016). Intergenerational transmission of trauma-related distress: Maternal betrayal trauma, parenting attitudes, and behaviors. *Journal of Aggression, Maltreatment & Trauma*, 25(4), 382–399.  
<https://doi.org/10.1080/10926771.2015.1129655>

- Barazzzone, N., Santos, I., McGowan, J., & Donaghay-Spire, E. (2019). The links between adult attachment and post-traumatic stress: A systematic review. *Psychology and Psychotherapy: Theory, Research and Practice*, 92(1), 131–147.  
<https://doi.org/10.1111/papt.12181>
- Bloom, S. L. (2013). *Creating sanctuary: Toward the evolution of sane societies*. Routledge.
- Bloomberg, L. D., & Volpe, M. (2019). *Completing your qualitative dissertation: A road map from beginning to end* (4<sup>th</sup> ed.) Sage.
- Bogousslavsky, J. (2020). The mysteries of hysteria: A historical perspective. *International Review of Psychiatry*, 32(5–6), 437–450.  
<https://doi.org/10.1080/09540261.2020.1772731>
- Brown, L. S. (1991). Ethical issues in feminist therapy: Selected topics. *Psychology of Women Quarterly*, 15(2), 323–336. <https://doi.org/10.1111/j.1471-6402.1991.tb00800.x>
- Bowlby, J. (1951). Maternal care and mental health. *Bulletin of the World Health Organization*, 3, 355–534.
- Bowlby, J. (1988). *A secure base: Clinical applications of attachment theory*. Routledge.
- Bowlby, J. (2008). *Attachment*. Basic Books.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>
- Breiding, M. J., Smith, S. G., Basile, K. C., Walters, M. L., Chen, J., & Merrick, M. T. (2014). Prevalence and characteristics of sexual violence, stalking, and intimate partner violence victimization: National intimate partner and sexual violence survey, United States, 2011. *Morbidity and Mortality Weekly Report*, 63(8), 1–18.  
<https://www.cdc.gov/mmwr/preview/mmwrhtml/ss6308a1.htm>

- Bryant-Davis, T., & Ocampo, E. (2006). A therapeutic approach to the treatment of racist-incident-based trauma. *Journal of Emotional Abuse*, 6(4), 1–22.  
[https://doi.org/10.1300/J135v06n04\\_01](https://doi.org/10.1300/J135v06n04_01).
- Brooks, M., Graham-Kevan, N., Robinson, S., & Lowe, M. (2021). ‘I get knocked down, but I get up again’—A qualitative exploration of posttraumatic growth after multiple traumas. *Traumatology*, 27(3), 274–284. <https://doi.org/10.1037/trm0000299>.
- Brown, L. S. (1991). Ethical issues in feminist therapy: Selected topics. *Psychology of Women Quarterly*, 15, 323–336. <https://doi.org/10.1111/j.1471-6402.1991.tb00800.x>
- Brown, L. S. (2018). *Feminist therapy* (2nd ed.). American Psychological Association.
- Cannon, C., Ferreira, R. J., & Buttell, F. (2019). Critical race theory, parenting, and intimate partner violence: Analyzing race and gender. *Research on Social Work Practice*, 29(5), 590–602. <https://doi.org/10.1177/1049731518784181>
- Carothers Bert, S., Mironovna Guner, B., & Gaines Lanzi, R. (2009). The influence of maternal history of abuse on parenting knowledge and behavior. *Family Relations*, 58(2), 176–187. <https://dx.doi.org/10.1111%2Fj.1741-3729.2008.00545.x>
- Cavanaugh, C.E., Harper, B., Classen, C.C., Palesh, O., Koopman, C., & Spiegel, D. (2015). Experiences of mothers who are child sexual abuse survivors: A qualitative exploration. *Journal of Child Sexual Abuse*, 24(5), 506–525.  
<https://doi.org/10.1080/10538712.2015.1042186>
- Choi, K. J., & Kangas, M. (2020). Impact of maternal betrayal trauma on parent and child well-being: Attachment style and emotional regulation as moderators. *Psychological Trauma: Theory, Research, Practice, and Policy*, 12(2), 121–130.  
<http://dx.doi.org/10.1037/tra0000492>.



Christie, H., Hamilton-Giachritsis, C., Alves-Costa, F., Tomlinson, M., & Halligan, S.L. (2019).

The impact of parental posttraumatic stress disorder on parenting: A systemic review.

*European Journal of Psychotraumatology*, 10(1), 1–13.

<http://doi.org/10.1080/20008198.2018.1550345>

Clifford, G., Hitchcock, C., & Dalgleish, T. (2020). Compartmentalization of self-representations

in female survivors of sexual abuse and assault, with posttraumatic stress disorder

(PTSD). *Psychological Medicine*, 50(6), 956–963.

<https://doi.org/10.1017/S0033291719000837>

Cole, E. R. (2009). Intersectionality and research in psychology. *American Psychologist*, 64(3),

170–180. <https://doi.org/10.1037/a0014564>

Couture, A.L., Zaidi, A.U., Maticka-Tyndale, E. (2012). Reflexive accounts: An intersectional

approach to exploring the fluidity of insider/outsider status and the researcher's impact on

culturally sensitive post-positivist qualitative research. *Qualitative Sociology Review*,

VIII(1), 86–105. <https://doi.org/10.18778/1733-8077.8.1.05>

Crenshaw, K. (1989). Demarginalizing the intersection of race and sex: A Black feminist critique

of antidiscrimination doctrine, feminist theory and antiracist politics. *University of*

*Chicago Legal Forum*, 1(8), 139–167.

Crenshaw, K., Gotanda, N., Peller, G., & Thomas, K. (Eds.). (1995). *Critical race theory: The*

*key writings that formed the movement*. The New Press.

Creswell, J. W., & Creswell, J. D. (2018). *Research design: Qualitative, quantitative, and mixed*

*method research* (5<sup>th</sup> ed.). Sage.

Cross, D., Vance, L.A., Kim, Y.I., Ruchard, A. L., Fox, N., Jovanovic, T., & Bradley, B. (2018).

Trauma exposure, PTSD, and parenting in a community sample of low-income,

- predominantly African American mothers and children. *Psychological Trauma: Theory, Research, Practice, and Policy*, 10(3), 327-335. <http://dx.doi.org/10.1037/tra0000264>
- Cusmano, D. (2018). Rape culture rooted in patriarchy, media portrayal, and victim blaming. *Writing Across the Curriculum*. 30.
- DeCou, C. R., Kaplan, S. P., Spencer, J., & Lynch, S. M. (2019). Trauma-related, sexual assault severity, thwarted belongingness, and perceived burdensomeness among female undergraduate survivors of sexual assault. *Crisis*, 40(2), 134–140. <https://doi.org/10.1027/0227-5910/a000549>
- Dudas, I., Maehle, E., & Stige, S. H. (2021). Finding one's footing when everyone has an opinion: Negotiating an acceptable identity after sexual assault. *Frontiers in Psychology*, 12. <http://doi.org/10.3389/fpsyg.2021.649530>
- Ehrensaft, M. K., Knous-Westfall, H. M., Cohen, P., & Chen, H. (2015). How does child abuse history influence parenting of the next generation? *Psychology of Violence*, 5(1), 16–25. <https://doi.org/10.1037/a0036080>
- Escobar Olivo, V., Poteet, M., Carranza-Hernandez, G., & Jimenez, J. C. (2023). Our daughters: Central American women, intergenerational trauma, and the gender of caring. *Canadian Ethnic Studies*, 55(1), 25–45. <https://doi.org/10.1353/ces.2023.0001>
- Feiring, C., Cleland, C. M., & Simon, V. A. (2009). Abuse-specific self-schemas and self-functioning: A prospective study of sexually abused youth. *Journal of Clinical Child & Adolescent Psychology*, 39(1), 35–50. <https://doi.org/10.1080/15374410903401112>
- Fielder, A. (2014, August 14). Why is sexual assault more taboo than domestic violence? Moving to end sexual assault. <https://movingtoendsexualassault.org/sexual-assault-taboo-domestic-violence/>

- Fine, M. (2017). *Just research in contentious times: Widening the methodological imagination*. Teachers College Press.
- Frechette, J. (2020). Capturing lived experience: Methodological considerations for interpretive phenomenological inquiry. *International Journal of Qualitative Methods*, 19(2), 1–12.  
<https://doi.org/10.1177/16094069209072>
- Frieh, E. C. (2020). Stigma, trauma and sexuality: The experiences of women hospitalised with serious mental illness. *Sociology of Health & Illness*, 42(3), 526–543.  
<https://doi.org/10.1111/1467-9566.13034>
- Frosch, C. A., Schoppe-Sullivan, S. J., & O'Banion, D. D. (2019). Parenting and child development: A relational health perspective. *American Journal of Lifestyle Medicine*, 15(1), 45–59. <https://doi.org/10.1177%2F1559827619849028>
- George, N., & Bance, L. O. (2020). Religious and spiritual coping: A component of post traumatic growth among female young adults with an experience of child sexual abuse. *IAHRW International Journal of Social Sciences Review*, 8(1-3), 17–20.
- Gilligan, C. (1982/1993). *In a different voice: psychological theory and women's development*. Harvard University Press.
- Gilligan, C. (2011). *Joining the resistance*. Polity Press.
- Gilligan, C. (2012, April 23). *Carol Gilligan on women and moral development*. [Video]. YouTube. [https://www.youtube.com/watch?v=2W\\_9MozRoKE](https://www.youtube.com/watch?v=2W_9MozRoKE)
- Gilligan, C. (2015, June 23). *Society, relationships, and pleasure: An interview with Dr. Carol Gilligan* [Video]. Psychotherapy.net. <https://www.psychotherapy.net/video/carol-gilligan-feminist-psychology>

- Gilligan, C. (2015). The listening guide method of psychological inquiry. *Qualitative Psychology*, 2(1), 69–77. <https://doi.org/10.1037/qup0000023>
- Gilmoor, A. R., Adithy, A., & Regeer, B. (2019). The cross-cultural validity of post-traumatic stress disorder and post-traumatic stress symptoms in the Indian context: A systematic search and review. *Frontiers in Psychiatry*, 10. <https://doi.org/10.3389/fpsyt.2019.00439>
- Ginwright, S. (2018, May 13). The future of healing: Shifting from trauma informed care to healing centered engagement. *Medium*. <https://ginwright.medium.com/the-future-of-healing-shifting-from-trauma-informed-care-to-healing-centered-engagement-634f557ce69c>
- Gomez, J. M., & Gobin, R. L. (2020). Black women and girls & #MeToo: Rape, cultural betrayal, & healing. *Sex Roles*, 82, 1-12. <https://doi.org/10.1007/s11199-019-01040-0>
- Grzanka, P. R., Gonzalez, K. A., & Spanierman, L. B. (2019). White supremacy and counseling psychology: A critical-conceptual framework. *The Counseling Psychologist*, 47(4), 478–529. <https://doi.org/10.1177/0011000019880843>
- Gueta, K., Eytan, S., & Yakimov, P. (2020). Between healing and revictimization: The experience of public self-disclosure of sexual assault and its perceived effect on recovery. *Psychology of Violence*, 10(6), 626–637. <http://dx.doi.org/10.1037/vio0000309>
- Gueta, K., Eytan, S., & Yakimov, P. (2020). Between healing and revictimization: The experience of public self-disclosure of sexual assault and its perceived effect on recovery. *Psychology of Violence*, 10(6), 626–637. <https://doi.org/10.1037/vio0000309>
- Guggisberg, M., Bottino, S., & Doran, C. M. (2021). Women's contexts and circumstances of posttraumatic growth after sexual victimization: A systematic review. *Frontiers in Psychology*, 12 (699288), 1–13. <http://doi.org/10.3389/fpsyg.2021.699288>

- Haverkamp, B. E. (2005). Ethical perspectives on qualitative research in applied psychology. *Journal of Counseling Psychology*, 52(2), 146–155. <https://doi.org/10.1037/0022-0167.52.2.146>
- Herman, J. (2015). *Trauma and recovery*. Basic Books.
- hooks, bell. (2015). *Ain't I a woman: Black women and feminism* (2nd ed.). Routledge.
- Hoover, S. M., & Morrow, S. L. (2015). Qualitative researcher reflexivity: A follow-up study with female sexual assault survivors. *The Qualitative Report*, 20(9), 1476-1489. <https://doi.org/10.46743/2160-3715/2015.2303>
- Ishii, Y., Masuya, J., Morishita, C., Higashiyama, M., Inoue, T., & Ichiki, M. (2021). Victimization in childhood mediates the association between parenting quality, stressful life events, and depression in adulthood. *Neuropsychiatric Disease and Treatment*, 17, 3171–3182. <https://doi.org/10.2147/NDT.S323592>
- Ismail, N.A.H. & Tekke, M. (2015). Rediscovering Rogers's self theory and personality. *Journal of Educational, Health, and Community Psychology*, 4(3), 143–150.
- Jayawickreme, E., & Blackie, L. E. R. (2014). Post-traumatic growth as positive personality change: Evidence, controversies and future directions. *European Journal of Personality*, 28(4), 312–331. <https://doi.org/10.1002/per.1963>
- Johnson, S. M. (2019). *Attachment theory in practice: Emotionally focused therapy (EFT) with individuals, couples, and families*. Guilford Press.
- Jordan, J. V. (2017). Relational-cultural theory: The power of connection to transform our lives. *The Journal of Humanistic Counseling*, 56(3), 228–243. <https://doi.org/10.1002/johc.12055>
- Jordan, J. V. (2018). *Relational-cultural therapy* (2nd ed.). American Psychological Association.

- Jordan, J. V., & Stone Center for Developmental Services and Studies (Eds.). (1991). *Women's growth in connection: Writings from the Stone Center*. Guilford Press.
- Josselson, R. (2013). *Interviewing for qualitative inquiry: A relational approach*. Guildford.
- Joy, M. (2019). *Powerarchy: Understanding the psychology of oppression for social transformation*. Berrett-Koehler Publishers.
- Kaitz, M., Levy, M., Ebstein, R., Faraone, S. V., & Mankuta, D. (2009) The intergenerational effects of trauma from terror: A real possibility. *Infant Mental Health Journal*, 30(2), 158–179. <https://doi.org/10.1002/imhj.20209>.
- Kienzler, H. (2008). Debating war-trauma and post-traumatic stress disorder (PTSD) in an interdisciplinary arena. *Social Science and Medicine*, 67, 218–227. <http://doi.org/10.1016/j.socscimed.2008.03.030>.
- Kiser, L., Fishbein, D., Gatzke-Kopp, L., Vivrette, R., Creavey, K., Stevenson, J., Medoff, D., & Busuito, A. (2019). Physiological regulation among caregivers and their children: Relations with trauma history, symptoms, and parenting behavior. *Journal of Child and Family Studies*, 28(11), 3098–3109. <https://doi.org/10.1007/s10826-019-01487-5>
- Kiser, L. J., Miller, A. B., Mooney, M. A., Vivrette, R., & Davis, S. R. (2020). Integrating parents with trauma histories into child trauma treatment: Establishing core components. *Practice Innovations*, 5(1), 65–80. <https://doi.org/10.1037/pri0000109>
- Koback, R., Cassidy, J., & Zir, Y. (2004). Attachment-related trauma and post-traumatic stress disorder: Implications for adult adaptation. In W. S. Rhodes & J. A. Simpson (Eds.), *Adult attachment: Theory, research, and clinical implications*. (pp. 388–407). Guilford Press.

- Kouvelis, G., & Kangas, M. (2021). Evaluating the association between interpersonal trauma and self-identity: A systematic review. *Traumatology*, 27(2), 118–148.  
<https://doi.org/10.1037/trm0000325>
- Kress, V. E., Haiyasoso, M., Zoldan, C. A., Headley, J. A., & Trepal, H. (2018). The use of relational-cultural theory in counseling clients who have traumatic stress disorders. *Journal of Counseling & Development*, 96(1), 106–114.  
<https://doi.org/10.1002/jcad.12182>
- Kumar, S. A., Franz, M. R., Brock, R. L., & DiLillo, D. (2020). Posttraumatic stress and parenting behaviors: The mediating role of emotion regulation. *Journal of Family Violence*, 35(5), 417–426. <https://doi.org/10.1007/s10896-019-00124-5>
- Lange, B. C. L., Condon, E. M., & Gardner, F. (2020). Parenting among mothers who experienced child sexual abuse: A qualitative systematic review. *Qualitative Health Research*, 30(1), 146–161. <https://doi.org/10.1177/2F1049732319882914>
- Lapsley, D. K., & Stey, P. C. (2012). Id, ego, and superego. In *Encyclopedia of Human Behavior* (pp. 393–399). Elsevier. <https://doi.org/10.1016/B978-0-12-375000-6.00199-3>
- Lefley, H. P., Scott, C. S., Llabre, M., & Hicks, D. (1993). Cultural beliefs about rape and victims' response in three ethnic groups. *American Journal of Orthopsychiatry*, 63(4), 623–632. <https://doi.org/10.1037/h0079477>.
- Guba, E. G., & Lincoln, Y. S. (2005). Paradigmatic Controversies, Contradictions, and Emerging Confluences. In N. K. Denzin & Y. S. Lincoln (Eds.), *The Sage handbook of qualitative research* (3rd ed., pp. 191–215). Sage Publications Ltd.

- Main, M., Kaplan, N., & Cassidy, J. (1985). Security in infancy, childhood, and adulthood: A move to the level of representation. *Monographs of the Society for Research in Child Development*, 50(1/2), 66-104. <https://doi.org/10.2307/3333827>
- Main, M., & Solomon, J. (1990). Procedures for identifying infants as disorganized/disoriented attachment pattern. In T. B. Brazelton & M. Yogman (Eds.), *Affective development in infancy* (pp. 121–160). University of Chicago Press.
- Marin, K. A., & Shkreli, A. (2019). An examination of trauma narratives: Narrative rumination, self-reflection, and identity in young adulthood. *Journal of Adolescence*, 76, 139–151. <https://doi.org/10.1016/j.adolescence.2019.08.007>.
- Marshall, C., & Rossman, G. B. (2016). *Designing qualitative research* (6th ed.). Sage.
- Maunder, R. G., Hunter, J. J., Tannenbaum, D. W., Le, T. L., & Lay, C. (2020). Physicians' knowledge and practices regarding screening adult patients for adverse childhood experiences: A survey. *BMC Health Services Research*, 20(1), 314-318. <https://doi.org/10.1186/s12913-020-05124-6>
- Miller, J. (1986). *Toward a new psychology of women* (2<sup>nd</sup> ed.). Beacon Press.
- Miller, J. B. (1988). *Connections, disconnections, and violations*. Stone Center for Developmental Services and Studies. <https://www.wcwonline.org/vmfiles/33sc.pdf>
- Miller, J. B., & Stiver, I. P. (1997). *The healing connection: How women form relationships in therapy and in life*. Beacon Press.
- Misic, M., Todorovic, J., & Petrovic, A. (2021). The role of complex posttraumatic stress disorder and protective factors in accepting-rejecting dimensions of parenting of women survivors of abuse. *Annual of Social Work*, 28(3), 583-614. <https://doi.org/10.3935/ljsr.v28i3.368>



Morrow, S. L. (2007). Qualitative research in counseling psychology: Conceptual foundations.

*The Counseling Psychologists*, 35(2), 209-235.

Munsey, C. (2006, June). A new book makes the case for a phase of development between

adolescence and adulthood [Review of the book *Emerging adults: The in-between age*,

by C. Munsey]. American Psychological Association.

<https://www.apa.org/monitor/jun06/emerging>

National Center on Violence Against Women in the Black Community. (2018). *Black women*

*and sexual assault*. National Center on Violence Against Women in the Black

Community. [https://ujimacommunity.org/wp-content/uploads/2018/12/Ujima-Womens-](https://ujimacommunity.org/wp-content/uploads/2018/12/Ujima-Womens-Violence-Stats-v7.4-1.pdf)

[Violence-Stats-v7.4-1.pdf](https://ujimacommunity.org/wp-content/uploads/2018/12/Ujima-Womens-Violence-Stats-v7.4-1.pdf)

National Child Traumatic Stress Network. (2008). CFTSI: Child and family traumatic stress

intervention. *Trauma-Informed Interventions: General Information Intervention*

*Template*. [https://www.ojp.gov/ncjrs/virtual-library/abstracts/trauma-informed-](https://www.ojp.gov/ncjrs/virtual-library/abstracts/trauma-informed-interventions-general-information-intervention)

[interventions-general-information-intervention](https://www.ojp.gov/ncjrs/virtual-library/abstracts/trauma-informed-interventions-general-information-intervention)

op den Kelder, R., Ensink, J. B. M., Overbeek, G., Maric, M., & Lindauer, R. J. L. (2017).

Executive function as a mediator in the link between single or complex trauma and

posttraumatic stress in children and adolescents. *Quality of Life Research*, 26(7), 1687–

1696. <https://doi.org/10.1007/s11136-017-1535-3>

Orenstein, G. A., & Lewis, L. (2021). Erikson's stages of psychosocial development. In

*StatPearls*. StatPearls Publishing. <https://pubmed.ncbi.nlm.nih.gov/32310556/>

Oyserman, D. (2001). Self-concept and identity. In A. Tesser & N. Schwarz (Eds.), *The*

*Blackwell handbook of social psychology* (pp. 499–517). Blackwell.

Patton, M. Q. (2002). *Qualitative research & evaluation methods* (4th ed.). Sage.

Patton, M. Q. (2015). *Qualitative research & evaluation methods* (4<sup>th</sup> ed.). Thousand Oaks, CA: Sage.

Phipps, A. (2009). Rape and respectability: Ideas about sexual violence and social class.

*Sociology*, 43(4), 667–683. <https://doi.org/10.1177/0038038509105414>.

Ponterotto, J. G. (2005). Qualitative research in counseling psychology: A primer on research paradigms and philosophy of science. *Journal of Counseling Psychology*, 52(2), 126–136. <https://psycnet.apa.org/doi/10.1037/0022-0167.52.2.126>

Prilleltensky, I. (2008). The role of power in wellness, oppression, and liberation: The promise of psychopolitical validity. *Journal of Community Psychology*, 36(2), 116–136. <https://doi.org/10.1002/jcop.20225>

Quiros, L., Varghese, R., & Vanidestine, T. (2020). Disrupting the single story: Challenging dominant trauma narratives through a critical race lens. *Traumatology*, 26(2), 160–168. <https://doi.org/10.1037/trm0000223>

Rape, Abuse, & Incest National Network. (n.d.). Scope of the problem: Statistics. <https://www.rainn.org/statistics/scope-problem>

Reid-Cunningham, A. (2009). Parent-child relationships and mother's sexual assault history. *Violence Against Women*, 15(8), 920–932. <http://doi.org/10.1177/1077801209335492>

Reilly, R. C. (2021). Reclaiming my sister, Medusa: A critical autoethnography about healing from sexual violence through solidarity, doll-making, and mending myth. *Cultural Studies, Critical Methodologies*, 21(1), 80–87. <http://doi.org/10.1177/1532708620931132>.

Richmond, K., Geiger, E., & Reed, C. (2013). The personal is political: A feminist and trauma-informed therapeutic approach to working with a survivor of sexual assault. *Clinical Case Studies*, 12(6), 443–456. <https://doi.org/10.1177/1534650113500563>

- Roos, L. E., Salisbury, M., Penner-Goeke, L., Cameron, E. E., Protudjer, J. L. P., Giuliano, R., Afifi, T. O., & Reynolds, K. (2021). Supporting families to protect child health: Parenting quality and household needs during the COVID-19 pandemic. *PLOS One*, *16*(5), 1–19. <https://doi.org/10.1371/journal.pone.0251720>
- Rosenblum, K. L., Muzik, M., Morelen, D. M., Alfafara, E. A., Miller, N. M., Waddell, R. M., Schuster, M. M., & Ribaud, J. (2017). A community-based randomized controlled trial of Mom Power parenting intervention for mothers with interpersonal trauma histories and their young children. *Archives of Women's Mental Health*, *20*(5), 673–686. <https://doi.org/10.1007/s00737-017-0734-9>
- Sager, J. C., & Wamser-Nanney, R. (2021). The effects of partner perceptions on the relationship between posttraumatic stress disorder symptoms and aspects of parenting. *Psychological Trauma: Theory, Research, Practice, and Policy*, *13*(4), 467–475. <https://doi.org/10.1037/tra0001002>
- Sandberg, J. G., Feldhousen, E. B., & Busby, D. M. (2012). The impact of childhood abuse on women's and men's perceived parenting: Implications for practitioners. *The American Journal of Family Therapy*, *40*(1), 74–91. <https://doi.org/10.1080/01926187.2011.566827>
- Schmidt, E. A., Décieux, F., Zartler, U., & Schnor, C. (2023). What makes a good mother? Two decades of research reflecting social norms of motherhood. *Journal of Family Theory & Review*, *15*(1), 57–77. <http://doi.org/10.1111/jftr.12488>
- Schnittker, J. (2019). Sexual violence and major depression among women: Evidence for reciprocal relationships. *Social Currents*, *6*(6), 575–589. <https://doi.org/10.1177/2329496519857095>

- Sevelius, J.M., Gutierrez-Mock, L., Zamudio-Haas, S., McCree, B., Ngo, A., Jackson, A., Clynes, C., Venegas, L., Salina, A., Herrera, C., Stein, E., Operario, D., & Gamarel, K. (2020). Research with marginalized communities: Challenges to continuity during the COVID-19 pandemic. *AIDS and Behavior*, 24, 2009–2012.  
<https://doi.org/10.1007/s10461-020-02920-3>
- Shalka, T. R. (2019). Trauma and interpersonal landscape: Developmental tasks of the relational self identity site. *Journal of College Student Development*, 60(1), 35–51.  
<http://doi.org/10.1353/csd.2019.0002>
- Shen, F., Liu, Y., & Brat, M. (2021). Attachment, self-esteem, and psychological distress: A multiple-mediator model. *The Professional Counselor*, 11(2), 129–142.  
<http://doi.org/10.15241/fs.11.2.129>
- Smith, J. A., Flowers, P., & Larkin, M. (2012). *Interpretive phenomenological analysis*. Los Angeles, CA: Sage.
- Smith, J. A., & Nizza, I. E. (2022). *Essentials of interpretative phenomenological analysis*. American Psychological Association.
- Smith, S. G., Chen, J., Basile, K. C., Gilbert, L. K., Merrick, M.T., Patel, N., Walling, M., & Jain, A. (2018). *The National intimate partner and sexual violence survey (NISVS): 2010-2012 state report*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
- Spies, R., & Duschinsky, R. (2021). Inheriting Mary Ainsworth and the strange situation: Questions of legacy, authority, and methodology for contemporary developmental attachment researchers. *SAGE Open*, 11(3). <https://doi.org/10.1177/21582440211047577>

- Stevens, M. E. (2016). Trauma is as trauma does: The politics of affect in catastrophic times. In M. J. Casper & E. Wetheimer (Eds.), *Critical trauma studies: Understanding violence, conflict, and memory in everyday life* (pp. 19–36). New York University Press.
- Strauss Swanson, C., & Szymanski, D. M. (2020). From pain to power: An exploration of activism, the #Metoo movement, and healing from sexual assault trauma. *Journal of Counseling Psychology*, 67(6), 653–668. <https://doi.org/10.1037/cou0000429>
- Substance Use and Mental Health Services Administration (2014). *TIP 57: Trauma-informed care in behavioral health services*. Washington D.C. <https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4816.pdf>
- Teo, T. (2010). What is epistemological violence in the empirical social sciences? *Social and Personality Psychology Compass*, 4(5), 295–303. <https://doi.org/10.1111/j.1751-9004.2010.00265.x>
- Tucker, W. M. (2002). How to include the trauma history in the diagnosis and treatment of psychiatric inpatients. *Psychiatric Quarterly*, 73(2), 135–144. <https://doi.org/10.1023/A:1015007828262>
- Tuval-Mashiach, R. (2017). Raising the curtain: The importance of transparency in qualitative research. *Qualitative Psychology*, 4(2), 126–138. <https://psycnet.apa.org/doi/10.1037/qup0000062>
- van der Kolk, B. A., & Ducey, C. P. (1989). The psychological processing of traumatic experience: Rorschach patterns in PTSD. *Journal of Traumatic Stress*, 2(3), 259–274. <https://doi.org/10.1002/jts.2490020303>
- Washington, P. A. (2001). Disclosure patterns of Black female sexual assault survivors. *Violence Against Women*, 7(11), 1254–1283. <https://doi.org/10.1177/10778010122183856>

Whiting, J. B., Pickens, J. C., Sagers, A. L., PettyJohn, M., & Davies, B. (2021). Trauma, social media, and #WhyIDidntReport: An analysis of twitter posts about reluctance to report sexual assault. *Journal of Marital and Family Therapy*, 47(3), 749–766.

<https://doi.org/10.1111/jmft.12470>

Wilson, B., & Butler, L. (2014). Running a gauntlet: A review of victimization and violence in the pre-entry, post-entry, and peri-/post-exit periods of commercial sexual exploitation. *Psychological Trauma: Theory, Research, Practice, and Policy*, 6(5), 494–504.

Womenkind Worldwide. (2019, November 24). *Intersectionality 101: What is it and why is it important?* <https://www.womankind.org.uk/intersectionality-101-what-is-it-and-why-is-it-important/>

Yeh, C. J., & Inman, A. G. (2007). Qualitative data analysis and interpretation in counseling psychology: Strategies for best practice. *The Counseling Psychologist*, 35, 369–403.

<https://doi.org/10.1177/0011000006292596>

**APPENDIX A: DEMOGRAPHIC SURVEY***PARENT Information:*

Name:

Age:

Gender Identity:

Racial/Cultural/Ethnic Identities:

*CHILD/REN Information:*

How many child/ren do you have?

Name/s:

Age/s:

Gender Identity:

Racial/Cultural/Ethnic Identities:

*Other Demographic Information:*

Are you currently employed?

Are you a single parent? If not, what is your current co-parenting relationship?

Do you have childcare? If so, why type? (daycare/nanny/family member)

At what age did you experience your sexual assault or unwanted sexual encounter?

Have you accessed mental health care or other types of support for your sexual assault or unwanted sexual encounter? If type not mentioned, please list below:

**APPENDIX B: INTERVIEW PROTOCOL**

## Women's Sexual Trauma and Perceptions of Mothering

Date of Interview: \_\_\_\_\_

## Interviewer Script:

I want to start off by thanking you for spending time with me today. My name is Madelin Cerullo and I am a doctoral student at Lesley University. I am also a Licensed Mental Health Clinician and work closely with children and their families. I am conducting research with mothers who have sexual trauma histories.

This study focuses on how these sexual traumas have impacted the way individuals view themselves and their roles as mothers. The purpose of the study is to better understand mother's experiences from their perspective and to highlight best ways in which to support healing across their life span.

Our time together will be one interview that will last approximately 90 minutes. As we move through the interview, I will ask you questions with potential follow up questions to better understand what you share. The questions are merely a guide—please just share what comes to mind and feels most relevant to you.

Do you have any questions based on what I shared (researcher will answer questions that participant may have)? I am now sharing with you the informed consent. This outlines the study in more detail. After reviewing, should you agree to continue your participation, please sign the form.

If you are ready, let's begin.



### Interview Questions

1. Please tell me about your current family make up.
2. When did you know you wanted to become a mother? Did that decision change over time?
3. How do you view yourself as a mother? How has that progressed over your journey through motherhood? How has that changed over time?
4. I would like to hear about your experience following your sexual assault or unwanted sexual encounter and how it may have impacted you.
  - a. Do you feel that your sexual assault or unwanted sexual encounter impacted the way you perceive yourself? If so, in what ways?
  - b. Do you believe that your experience impacted the way you perceive yourself as a mother? If so, in what ways?
5. How have you navigated some of the more complex emotions you've had as it relates to your self-identity as a mother?
  - a. What supports if any did/do you find helpful?
  - b. Would you describe any part of your experience following your sexual assault as healing? If so, would you share with me which parts?
6. What might you offer to someone who has experienced this in how they think about themselves, their role as a mother, and potential ways of healing?
7. How would you change the ways in which others respond to your experience whether that is by the way they respond or by the way they offer support?

**APPENDIX C: RECRUITMENT REQUEST EMAIL**

Hello,

My name is Madelin Cerullo and I'm seeking first time mothers to pre-adolescent children who experienced a sexual assault/rape when they were adolescent/young adults. My IRB-approved research project will use individual interviews and reflections to learn about how one's self-identity and how an experience of sexual assault/rape impacted different roles one may take on, specifically as a parent. I am sending this to you as you have sought support for one or more of the abovementioned criteria and possibly may benefit from the knowledge gleaned from this research.

**Why this research is important:** Sexual assault and rape culture is integral fabric on how individuals might come to understand or process their traumatic experience. Given the narratives that are currently provided, many individuals internalize their own experiences. Currently, there is very little research available that speaks to how one defines their own traumatic experiences, the reflections around how that has impacted their development, and perceptions of their parent/child relationship. Furthermore, there is even less that centers the voices of the individuals as part of the research. I want to use your experience/s and narratives to provide clarity on these topics.

**Who I am?** I am a doctoral candidate at Lesley University and am earning a degree in Counseling and Psychology. I currently work as a Mental Health Clinician where I support children and families. I am very interested in learning more about the impact of trauma on self-identity and ability to relationally connect to their child while also highlighting paths of healing when appropriate. I have dedicated my career and my studies to advocating for those that otherwise cannot advocate for themselves. This study centers the experience of the student and I

believe that is very valuable. I'm a White, cisgender, heterosexual woman with 13 years of experience working in schools and clinical settings.

**What would this research involve?** The participation would involve up to 10-12 first time mothers of pre-adolescent children. I will semi-structured interviews that will last 75-90 minutes with further reflection from you following the interview acknowledging that some of the questions may be the first time you have considered this information in connection to your sexual assault/rape. All interviews will be in person whenever possible; however, virtual interviews can be accommodated should that be more convenient to you. Participants will be asked about their perception of how their sexual assault/rape impacted their self-identity, roles they assumed following the event/s, and their ability to relationally connect to their child/ren. Participants will also share parts of their narrative that felt most helpful to their healing process. This study is IRB-approved by Lesley University to protect participants. The interview is completely confidential with all possible identifying material (such as participants name) removed. Participants will be gifted gift cards at the end of the interviews to show appreciation for their involvement. I am happy to share more information about the study and details of my professional work in this area if desired.

**Your input:** In addition, I would like to offer to consult with any school personnel to learn their insights and ask what they would like to know about remote telehealth counseling during the pandemic. This consultation would take place prior to conducting interviews or observations. I would also like to share out my results from the research if you are interested in receiving them.

**What are the next steps? Interested or have questions?** Please contact me at

[mcerullo@lesley.edu](mailto:mcerullo@lesley.edu) or call the number below.

Thank you,

Madelin

Madelin Dee Cerullo, LMHC

*Pronouns: she/her/hers*

Doctoral Candidate

Division of Counseling and Psychology

Lesley University

Cambridge, MA. 02138

[mcerullo@lesley.edu](mailto:mcerullo@lesley.edu)

781-264-1435

## APPENDIX D: RECRUITMENT FLYER

**SEEKING MOTHERS**

**for a  
Research Study**

**Have you experienced sexual assault  
or an unwanted sexual encounter?  
Were you between the ages of 25-29  
when the event occurred?**

**This study seeks to  
interview mothers  
around their  
experiences**

**Interested?  
Please  
contact the  
email  
below.**

**All participants will  
receive gift certificates as  
part of their participation**

 **Madelin Cerullo, LMHC  
Lesley University Student  
mcerullo@lesley.edu**

The flyer has a light orange background with scattered gold dots. It features several colored brushstroke-style boxes: a large light purple box at the top for the title, a light blue box below it for the subtitle, a purple box for the screening questions, a tan box for the study purpose, a purple speech bubble for contact information, and another purple speech bubble for the incentive. An illustration of a woman with dark hair, wearing a purple shirt and red pants with white floral patterns, is shown sitting on a white stool and working on a laptop.

## APPENDIX E: CONSENT FORM

### Women's Lived Experiences of Sexual Trauma and Perceptions of Parenting

Thank you for responding to the recruitment phone call and agreeing to participate in this interview about experienced loss and how it relates to caregiving.

*Madelin Cerullo*, a doctoral student at Lesley University, will conduct the research as part of her dissertation requirements. *Donna San Antonio, EdD*, the dissertation chair, will supervise this student, *which Lesley University's Institutional Review Board (IRB) has approved.*

The purpose of the study is to seek an understanding of a women's lived experience of sexual trauma that occurs within adolescence/young adulthood and how that later informs their self-identity and parent/child relationships. There is a dearth of research specific to sexual traumas and later parenting relationships, however, most of the research focuses on childhood sexual trauma. Self-identity in some ways has been considered in connection with trauma, however, limited research seeks to understand specific developmental periods for which the trauma occurred. This research intends to center the individuals' voice to create their own narrative rather than what might be gleaned from a questionnaire. The research question to facilitate researcher's work is how does the lived experience of women's sexual trauma impact their self-identity as a parent and their perception of connecting relationally to their children?

This study will recruit 10-12 adults who are currently parents who will participate in an in-depth interview which will last approximately 75-90 minutes. The interview will be audio recorded for further review by the researcher. The interview will take place at a mutually agreed upon location between the months of September 30th, 2022, to December 30<sup>th</sup>, 2022, with a follow-up reflection between January 2023 and February 2023. As part of our initial interview,

you will be asked to fill out a demographic survey. You may be asked to participate in a follow-up call should further discussing your responses be helpful in seeking clarification.

The results of this interview will be made public through and/or presentation as part of Madelin Cerullo's defense. Direct quotes from your interview may be used to clarify any research conclusions. By signing this consent form, you give the researcher permission to use statements you make during the interview.

By volunteering to be interviewed, where there may not be direct benefits, you may develop greater insight about trauma and potential contribution to your knowledge about parenting practices. No risks are anticipated with your participation in this study. There may be discomfort in reflecting on your sexual trauma history and potentially your current parent/child relationship. You can stop the interview at any time. You may also withdraw from this study either during or after your participation without negative consequences. Should you withdraw, your data will be eliminated from the study and destroyed. It is important to note that the researcher is a mandated reporter and is bound by law to report and statements of abuse and/or neglect that may be shared in this interview.

The information you provide will be kept strictly confidential. The informed consent form will be kept separate from the interview data. The interview data will be labeled with a pseudonym and other identifying information will be changed to protect your identity.

If you have any questions about this study or your involvement, please ask the researcher, Madelin Cerullo, prior to the interview and signing this form. Your involvement in the study and connection to researcher is of utmost important given the nature of our conversation.

If you have any questions or concerns about your rights as a research participant, please contact Lesley University's IRB by email or by phone. The researcher will give you a copy of this consent form to keep.

There is a Standing Committee for Human Subjects in Research at Lesley University to which complaints or problems concerning any research project may, and should, be reported if they arise. Contact the Committee Chairperson at [irb@lesley.edu](mailto:irb@lesley.edu).

Two copies of this informed consent have been provided to you. Please sign both forms, indicating that you have read, understood, and agreed to participate in this research. Return one to the researcher and keep the other for your records.

---

Date	Investigator's Signature	Print Name
------	--------------------------	------------

*I am 18 years of age or older. The nature and purpose of this research have been satisfactorily explained to me and I agree to become a participant in the study as described above. I understand that I am free to discontinue participation at any time if I so choose, and that the investigator will gladly answer any questions that arise during the course of the research.*

Name of participant (please print) \_\_\_\_\_

Signature of participant \_\_\_\_\_ Date \_\_\_\_\_



**Contact Information***Name and address of researcher:*

Madelin Cerullo, MEd, LMHC

296 E 8th Street Unit 3

Boston, MA 02127

[mcerullo@lesley.edu](mailto:mcerullo@lesley.edu)

781-264-1435

*Name and address of supervisor:*

Donna San Antonio, EdD

Lesley University

29 Everett Street

Cambridge, MA 02138

[smotulsky@lesley.edu](mailto:smotulsky@lesley.edu)

## APPENDIX F: PARTICIPANT RESOURCES



## Supportive Resources

**Sexual Assault Survivor Anonymous**  
[www.sasaworldwide.org](http://www.sasaworldwide.org)

**Jane Doe, Inc.**  
[www.janedoe.org/](http://www.janedoe.org/)

**Taking Back Ourselves**  
[www.takingbackourselves.org](http://www.takingbackourselves.org)

**Healing Through Creative Art Workshops**  
 Sponsored by Survivor Theatre Project for survivors of sexual violence.  
[martharogersmusic@gmail.com](mailto:martharogersmusic@gmail.com)

**The Cambridge Women's Center**  
 Online & In-person Weekly Group  
[www.cwctraumagroup.org](http://www.cwctraumagroup.org)

**Reading Dear Sisters Letters from Survivors of Sexual Violence**  
 Lisa Factora-Borchers (Editor);  
 Aishah Shahidah Simmons (Foreword)

**Questions to determine fit with therapeutic support:**  
 'How might you support issues related to:'  
 Unsupportive reactions to sexual violence

1. Disclosure of past sexual violence to new people
2. Determining where to start and where we might go with the work

**Immediate Support:**  
[www.safehelpline.org](http://www.safehelpline.org)  
[www.hotline.rainn.org](http://www.hotline.rainn.org)  
 /online

**APPENDIX G: IRB PHRP ONLINE TRAINING CERTIFICATE**