Is Psychopathology the Only Outcome for Female Survivors of Sexual Trauma?

The Role of Resilience in the Healing of a Survivor

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By:

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Abstract

Sexual trauma can have a debilitating impact on the lives of survivors. In this literature review, sexual trauma will be defined as sexual abuse, sexual assault or rape. As many previous authors have focused upon the negative effects, symptoms and diagnoses experienced by survivors of sexual trauma, this writer will instead examine the effects of resilience and strength in the lives of female survivors. This paper will be an exploration of the role of personality traits exhibited by resilient survivors. A further aim of this paper is to address external themes of resilience; such as, the roles of social support, mothering and pregnancy, therapy and psychoeducation, use of adaptive coping skills, education, religion, spirituality and making meaning out of trauma. Furthermore, the Adlerian concepts of social interest, belonging, creative power and how everything can be different will be examined. This literature review will include a self – assessment questionnaire for clients designed to identify traits of resilience among female survivors of sexual trauma.

Keywords: Rape, resilience, sexual abuse, sexual assault, social interest, trauma
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Is Psychopathology the Only Outcome for Female Survivors of Sexual Trauma? The Role of Resilience in the Healing of a Survivor

Sexual trauma is a complex and multilayered societal issue that has numerous effects upon the lives of survivors, their families and communities. It is a pervasive problem that occurs in every country, as well as in every ethnic, racial, religious and socioeconomic group. The aim of this paper is to discover the effects of resilience in the lives of female survivors of sexual trauma. The author chose this topic as there have been countless journal articles and books published regarding the negative outcomes women experience after having been sexually victimized. Numerous researchers have explored the trauma that a survivor will frequently experience after sexual victimization. In some cases, the diagnoses and symptoms themselves can be further debilitating and add subsequent layers of pain to the life of a survivor.

While some survivors of sexual trauma have undoubtedly been affected in negative ways by the acts of their perpetrators, others move beyond recovery to thrive. Why do some survivors experience growth while others flounder? What is the role of internal personality traits in the development of resilience? What other external factors contribute to resilience in the lives of female survivors?

In this literature review, the concept of resilience will be dissected into both internal and external factors in the lives of female survivors. This author will examine specific traits that resilient survivors of sexual trauma exhibit in their daily lives. Other factors that contribute to resilience will be explored, such as the role of positive social support, mothering and pregnancy, therapy and psychoeducation, adaptive coping skills, education, religion and spirituality and making meaning out of trauma. Adlerian concepts will also be interwoven into this literature.
review; specifically the concepts of social interest, belonging, creative power and how
everything can be different will be addressed.

**Sexual Trauma: A Definition to Promote Clarity**

In this paper, sexual trauma will be considered to be an act (or multiple acts) of sexual
abuse, sexual assault or rape. Further definitions of these concepts will be provided below for
additional clarity. For this paper, the operational definition of sexual abuse will be “unwanted
sexual activity, with perpetrators using force, making threats or taking advantage of victims not
able to give consent” (American Psychological Association, 2014). The definition of sexual
assault, also contained within the term sexual trauma, is “illegal sexual contact that usually
involves force upon a person without consent or is inflicted upon a person who is incapable of
giving consent (as because of age or physical or mental incapacity) or who places the assailant
(as a doctor) in a position of trust or authority” (Merriam-Webster online dictionary, 2014).
Rape will be defined, as a possible component of sexual trauma, in the following manner: “to
force (someone) to have sex with you by using violence or the threat of violence” (Merriam-
Webster online dictionary). To further combine these definitions, “sexual trauma” will be
utilized to mean a combination of these three acts or any one. The sexual trauma may have
happened during childhood, adulthood or during multiple points in a survivor’s lifetime. The
definition of resilience which will be utilized in this literature review is “the ability to become
strong, healthy or successful again after something bad happens” (Merriam-Webster online
dictionary).

**Negative Ramifications from Sexual Trauma**

Child sexual abuse (CSA) is a sexual trauma that has affected many women, up to 25.3%
in the United States alone (Pereda, Guilera, Forns & Gomez-Benito, 2009). The impact of
childhood sexual trauma is often felt long after the initial abuse occurred, as CSA is frequently linked to affective disorders, posttraumatic stress disorder (PTSD), personality disorders (Cutajar, et al., 2010), low self-esteem and sexual disorders (Collins, O’Neill-Arana, Fontes & Ossege, 2014), anger and eating disorders (Center for Disease Control & Prevention [CDC], 2014). Women who experience CSA frequently have a greater number of sexual partners and have sexual partners who are less likely to use condoms consistently (Senn & Carey, 2010). Survivors of sexual violence often experience health problems, such as chronic pain, headaches, stomach problems and sexually transmitted infections (CDC). Other specific health problems experienced may include gastrointestinal issues, cardiopulmonary symptoms and obesity (Irish, Kobayashi & Delahanty, 2009). Survivors of sexual violence are more likely to smoke cigarettes and to engage in alcohol and drug use and abuse (CDC).

Survivors of CSA are frequently re-victimized sexually as adults. In one study of female survivors, it was shown that women who had experienced CSA were more likely to experience sexual abuse again in adulthood (Lamoureux, Palmieri, Jackson & Hobfoll, 2012). In this same study, the authors determined that women who had experienced CSA had fewer resiliency resources and demonstrated greater psychological distress as adults. The authors concluded that having fewer resiliency resources can worsen one’s levels of psychological distress.

The link between childhood sexual trauma and sexual victimization in adulthood is demonstrated in other research. Specifically, an analysis of the impact of avoidant coping skills in the lives of female victims of CSA demonstrates how this type of coping can contribute to revictimization (Fortier et al., 2009). In the study by Fortier et al. on CSA and revictimization, the authors determined that avoidant behavior can be adaptive in the short-term. However, long-term avoidant coping can lead to numbing or detachment that can then cause further
psychological distress. Additionally, if a woman is avoiding contact with men after being sexually victimized by a man, she may not learn how to tell when a sexual situation is safe or when a sexual situation contains risk. The rate of sexual revictimization in this study was high: the authors’ determined that of the 99 participants in the study, 85.9% were later sexually coerced as adults (Fortier et al., 2009, p.314).

As adults, 13-26% of women experience sexual assault (New, et al., 2009). (This number only includes women who have reported their sexual assault to the police so the actual number of women experiencing sexual assault may be much higher). Approximately half of adult rape victims develop PTSD, while the remaining survivors are not diagnosed with any psychopathology (New et al., 2009). This significant difference among survivors leads to many questions. Why do some female survivors of sexual trauma develop psychopathology while others do not? What character traits do the more resilient survivors generally possess? What other external or protective factors are commonly found in the lives of more resilient survivors?

**The Structure of this Paper**

The purpose of this literature review is to examine common themes in the lives of resilient female survivors of sexual trauma. First, the role of social support in the lives of female survivors will be addressed. Second, the positive impact of mothering and pregnancy will be explored. Third, the relationship of therapy and psychoeducation will be examined. Fourth, the use of adaptive coping skills will be discussed. Fifth, the contribution of education to resilience will be determined. Sixth, the potential benefits of religion, spirituality and making meaning out of a sexually traumatic experience will be discussed.

Following these six themes, Adlerian concepts, which will be interwoven into this literature review, will be reviewed in relation to the idea of resilience. Specifically, the Adlerian
concepts of social interest, belonging, the creative self and his often stated belief “how everything can be different” will be explained. After these external or protective factors have been explored, this author will propose a questionnaire designed to identify traits of resilience commonly found in resilient female survivors of sexual trauma and its clinical use.

The Role of Social Support in the Life of a Sexual Trauma Survivor

For the purposes of this paper, social support will be considered to be one or more positive relationship(s) with a family member, friend, neighbor, co-worker, spouse or life partner, boyfriend or girlfriend. The role of therapeutic relationships, such as with a therapist, will be explored in a subsequent section that focuses on the role of therapy and psychoeducation in the lives of female survivors. The effects of a relationship with a teacher or mentor will be analyzed in a section examining the positive impact of education on the life of a survivor.

A trauma survivor who maintains the ability to develop or sustain supportive relationships is demonstrating a significant external factor of resilience. The impact of a healthy relationship in the life of a survivor of sexual trauma cannot be overemphasized. In Herman’s (1992) book *Trauma and Recovery* “restoring the connection between survivors and their community” is considered to be one of the three essential tasks in trauma recovery (p. 3). Herman states that “rebuilding some minimal form of trust is the primary task” immediately after experiencing a trauma and that healing from trauma cannot happen without connection to others (p. 61). Herman further states that an indication of trauma resolution is when a survivor is engaged in relationships. A supportive relationship can help a survivor (re)learn what safety is, as she may feel that her world has become unsafe and that she does not know whom she can trust as her ability to trust may have been significantly damaged due to the sexual trauma. According
to Herman, supportive relationships help to instill a positive self-view in the life of a survivor as well as autonomy and connection with others.

Additionally, Arias and Johnson (2013) found in their research that secure and healing relationships are integral for survivors. In their study on female survivors of CSA, having access to a healing relationship gave survivors an opportunity to work on their own sense of self, as well as relationship competency. Through this type of relationship, a survivor was able to learn of others’ similar trauma experiences which caused the survivor to feel less alone as well as to have a greater ability to connect with others and a way to experience emotional and sometimes sexual intimacy. This study emphasized how supportive relationships are a distinct pathway to positive adjustment in the life of a survivor.

**Disclosures of Sexual Trauma and Shame**

When a survivor first chooses to disclose her experience of sexual trauma, the reaction of the listener may help her move forward in her healing process or add further layers of pain and shame. Nareadi Phasha (2009) discussed how a child can suffer additional trauma after being sexually victimized if the child’s disclosure of abuse is met with disbelief or blame. Nareadi Phasha further discussed how support can soothe shame following a sexual trauma, specifically when the supportive other does not blame the survivor for what happened. Campbell, Dworkin & Cabral (2009) discovered that the role of positive support may not be as powerful as negative reactions experienced by a survivor. In this study, the authors found that positive social reactions predict less mental distress after sexual trauma yet a negative social reaction can lead to outcomes such as depression and anxiety.

Examining supportive reactions to disclosures of abuse, Arias and Johnson (2013) stated that, if a survivor was told by a support person that the abuse was not her fault, she was able to
shift her sense of blame onto the abuser instead. This study further demonstrated that being able to perceive a supportive other as trustworthy, provides a sense of safety, validation and acceptance and is a critical step towards positive adjustment after sexual trauma.

**Relationships with Partners, Friends and Caretakers**

The importance of supportive relationships was demonstrated by Singh (2009) in her article about the unique experiences of female South Asian survivors of CSA. Singh specifically noted the impact of a significant relationship with one’s mother, as well as choosing a healthy life partner, in the development of resilience. Singh is not the only researcher to see the connection between resilience and healthy relationships, specifically with a parent or life partner. Schwertfeger & Wampler (2009) explored the role of social support in their research on pregnancy in the lives of female survivors and found that both a relationship with a partner, (specifically while a woman was pregnant), as well as a feeling of acceptance from this partner can be significant aids in a survivor’s recovery. In a study by Whitelock, Lamb and Rentfrow (2013) on adult survivors of CSA, being in an intimate relationship was positively associated with increased life satisfaction for survivors; being in an intimate relationship was the factor most associated with life satisfaction in this study.

According to Marriott, Hamilton-Giachritsis, and Harrop (2014), children who demonstrated resilience after experiencing CSA had one or more stable caregivers present throughout their childhood, generally the mother. Nareadi Phasha (2009) states that parental reaction to a disclosure of trauma may promote (or negatively impact) the development of resilience in the life of a child. Williams and Nelson-Gardell (2012) comment upon how the quality of relationship with a caretaker can be indicative of a child’s post-abuse adjustment.
Furthermore, Tummala-Narra, Kallivayalil, Singer and Andreini (2012) demonstrate that, for many of the participants in their qualitative study of trauma survivors, spouses or partners and friends were helpful in learning different ways of interacting with others, as well as offering a new perspective on the survivors themselves, especially through the building of healthy attachment. Specific to this study, negotiating healthy boundaries, navigating intimacy, improving communication and forming new ways of relating to others were examined. Participants in this study focused upon honesty in their relationships with friends and building empathy in relationships, in spite of their vulnerability and difficulty with trusting others.

**Survivors of the Sex Trade**

In the 2014 study of female sex workers in the United Kingdom by Dodsworth, the author found that the most resilient sex workers were those who had a “secure base relationship” (p. 193). Dodsworth discussed how this type of relationship provides an opportunity to develop trust. Additionally, this type of relationship can meet the needs for approval and affection in a healthier and less risky way than in the abusive types of relationships often found within the sex industry. According to Dodsworth “to be accepted in a close relationship increases a sense of being lovable, building positive self-concept and self-esteem” (p. 197). In a study on female survivors of sex trafficking, Cecchet (2014) found that participants demonstrated resilience by forming meaningful and healthy relationships and making interpersonal connections outside of the sex trade. This was a significant part of what helped the women in Cecchet’s study to exit the sex trade.

**Community Sources of Support**

Singh, Garnett and Williams (2013) examined family relationships and community support in female African American survivors of CSA. The survivors in this study felt a sense of
self-empowerment through these positive interactions. Each survivor in this qualitative study expressed that negotiating family relationships and accessing community support was a part of her resilience. Neighborhood organizations, jobs and social groups were resources that participants utilized in this study. This type of social support increased self-efficacy among the survivors in this research.

In their study on trauma survivors, Brown, Kallivayalil, Mendelsohn and Harvey (2012) determined that one of the most important themes of resilience was the presence of at least one adult source of support, as demonstrated by 50% of the survivors in this study (p. 106). These authors demonstrated that it requires resilience to seek out a supportive person and to continue to maintain a connection. Zraly and Nyirazinyoye (2010) examined the role of community support in women’s groups for female genocide-rape survivors in Rwanda after the 1994 genocide. Some of the most beneficial impacts to genocide-rape survivors in these groups were the ideas of:

1) “being with” - being emotionally present with other members of the group who had similar experiences during the genocide, regardless of age  
2) “caring connecting” - relating empathetically with care and comfort, such as sharing problems with friends who have gone through similar experiences  
3) “incorporation” - becoming part of a group and staying in the association  
4) “sharing the same problem” - everyone in these women’s groups had lived through similar experiences

Zraly and Nyirazinyoye found that these types of social connections were demonstrated in nearly all of the resilience narratives that they documented in their research.

The role of hope in supportive relationships should not be overlooked. Sometimes, even the presence of one caring person can provide a survivor with a sense of hope. In the research of
Singh, Hayes, Barry Chung and Watson (2010) on female South Asian immigrant survivors of CSA, survivors describe how various role models, such as a mother, sister or community leader, instilled a sense of hope which helped in coping with their CSA.

**The Role of Mothering and Pregnancy in the Life of a Survivor**

This section will address one specific type of relationship, the role of pregnancy and mothering, and the positive impact that mothering may have in the life of a female survivor of sexual trauma. This writer determined that this type of relationship needed a separate section as generally, a parent does not rely upon her (non-adult) son or daughter to provide her with a significant source of emotional support. Furthermore, becoming pregnant and then a mother after surviving a sexual trauma may provide a different perspective on the healing process and may positively influence a survivor’s development of resilience.

In the 2013 study by Zraly, Rubin and Mukumana on genocide-rape survivors, motherhood was found to be an important mode of resilience. In their research on 63 female survivors, all of the survivors worked to raise self-sufficient children. Some women gave birth to children who were conceived through rape, as an estimated 5,000 children were born from the 1994 genocide-rape in Rwanda (p. 413). Certain mother and daughter pairs in this study both experienced and survived rape. Some women in this study specifically wanted and even “sought out” pregnancy after having lived through the genocide-rape, whether they were currently widowed, married or unmarried.

Themes analyzed in this quantitative study by Zraly, Rubin and Mukamana (2013) were the desire for motherhood, mothering itself as a mode of resilience, wanting to raise children to give meaning to a woman’s survival and “withstanding” (being patient or being strong) the challenges of being a mother. Many of the survivors in this research were thankful that they still
had their children in spite of living through genocide-rape; some stated that their children kept them going when times were hard. Many women had lost their husbands in the genocide and experienced resilience by taking care of their late husband’s children. Resilience was found by being able to provide basic necessities for their children and in keeping their children safe and as distress-free as possible. Certain mothers specifically worked on cultivating their own children’s resilience.

The responses of 79 women who were sexually abused as children in the United States were examined in the research of O’Dougherty Wright, Fopma-Loy and Oberle (2012). This study specifically looked at the Western concept of “committing to the work” (of recovery). In their research, many survivors wanted to mother their children differently than how they had been parented. These differences included attempts to protect their children from abuse, developing a personal model for mothering (seeking out the help of others and furthering parental education, as well as having goals for motherhood, such as that her child would enjoy childhood), accepting the impact of abuse in their own lives and realizing its impact upon their mothering.

Schwerdtfeger and Wampler (2009) researched the role of pregnancy in the lives of ten female survivors. Participants stated that becoming pregnant was viewed as a new beginning, creating distance between the present and the past sexual trauma. Becoming pregnant was a healing factor by not letting the trauma interfere with becoming a mother. As in the quantitative study by Zraly, Rubin and Mukamana (2013), women in this study on motherhood expressed gratitude about becoming a mother. Schwerdtfeger and Wampler state that pregnancy can act as a catalyst for posttraumatic growth (PTG) and healing in the lives of certain survivors of sexual
trauma. (PTG will be defined as “ways in which people are positively transformed by the experience of surviving significant adversity”, Tedeschi & Calhoun, 2004).

The role of pregnancy in female survivors of the sex trade was viewed by Cecchet (2014) as a significant element of change in a survivor’s life. In her research on six female survivors of child and adolescent sex trafficking, all of the participants reported that pregnancy was their main reason for leaving the sex trade. All of the survivors in this study had a child with either a pimp or a drug dealer and wanted to keep their children (some of the survivors had previously had their children taken away or had aborted past pregnancies).

Giving birth and mothering can be significant factors in the development of resilience in the lives of many female survivors of sexual trauma. Motherhood itself can be a mode of resilience and can be viewed by many women as a new beginning. Becoming a mother can act as a catalyst for PTG and inspire women to make necessary changes in their lives.

The Role of Therapy, Psychoeducation and Support Groups

The role of individual therapy, group therapy, support groups and psychoeducation regarding trauma, PTSD and other mental health diagnoses will be addressed in this section. As not all female survivors of sexual trauma are resilient enough to seek support from family, friends, significant others, etc., and as not all survivors have these supportive people in their lives, some survivors may only receive support in the form of mental health services. Not all survivors will disclose their victimization to family, friends or a partner; therefore a therapist may sometimes be the only person bearing witness to the client’s trauma and subsequent healing process. This writer realizes that not all female survivors of sexual trauma may be willing or able to attend a form of therapy and that some survivors may even have negative experiences in therapy; yet this resource can be beneficial to the lives of many survivors. According to Brown,
Kallivayalil, Mendelsohn and Harvey (2012), survivors often describe accessing an alternate environment, such as therapy or a self-help group, as a turning point in their recovery.

For countless survivors of sexual trauma, the initial disclosure of the trauma itself may be the first step in the development of resilience. Talking about the abusive experience(s) may be the beginning of the healing process, as well as a way of coping with the trauma. In the qualitative research of Schwerdtfeger and Wampler (2009) on sexual trauma and pregnancy, one participant speaks of “letting it out”:

I guess not keeping it bottled up inside of me probably made, played a major part in my life because I felt that whenever I did keep it bottled up, I felt like I’d went through a lot; and now that I’ve talked, I’m more open about talking about it, I feel it has changed my personality a lot. And, then like, I don’t feel that pressure there anymore as much as I did before when I didn’t say anything…I kept it bottled up for a long time. I felt when I kept it bottled up; I was a totally different person; that just wasn’t me. And I started talking about it more and more, and I feel that I’m finding myself now, that I’m not what I, like how I was before. (p. 111)

In the qualitative study by Cecchet (2014) on female survivors who exited the sex trade, all six of the participants reported that severe mental health problems were a major part in making a lifestyle change and in their decision to leave the trade. These women all wanted to reduce their mental health symptoms, whether the symptoms were dissociation, flashbacks, panic attacks and anxious or depressive symptoms. Once they exited the sex trade, they were able to begin to process their traumatic experiences through a mental health system.

Some female survivors of sexual trauma specifically joined support groups or recognized the beneficial aspects of therapy after becoming a mother. In the study by O’Dougherty Wright,
Fopma-Loy and Oberle (2012), expanding awareness of the abuse, committing to the work of recovery, seeking a model for parenting, managing emotions, mothering through the pain, grieving losses, as well as asking for help (sometimes specifically from a therapist or confirming or disconfirming perceptions with a therapist) were frequent beneficial themes of psychoeducation in the recovery process.

“Working the Double Edge”

Brown, Kallivayalil, Mendelsohn and Harvey (2012) spoke of “working the double edge” in their research on resilience among trauma survivors. This idea translates to a therapist identifying and mobilizing the strengths and resilience of a client while still maintaining awareness of the distress and pathology that is frequently intertwined with these positive aspects. The authors discussed how a coping mechanism, such as avoidance, which may have been helpful at one point in a survivor’s life, may then become maladaptive. The therapist must refuse to collude with the maladaptive behavior as well as fully listen and bear witness to the client’s traumatic history and negative affect. These authors suggest that sometimes therapists may romanticize a client’s resilience and thus not allow clients to fully express negative feelings such as pain, loss or rage regarding their trauma.

Bearing Witness to the Sexual Trauma

In *Trauma and Recovery* Herman (1992) spoke of the necessity of the therapist hearing the true and full trauma account, in all of its’ sensory details. Herman states that it is vitally important for a client to know that the therapist can tolerate and listen to her story. According to Herman, telling the trauma narrative in a detailed fashion is one of the essential tasks during the stage of remembrance and mourning. Herman explains that the telling of the trauma narrative
should only be undertaken after the client is safe and emotionally stable enough for this work and after the rules, goals and boundaries of therapy have been fully explained.

Additionally, Tummala-Narra, Kallivayalil, Singer and Andreini (2012) discussed the role of therapy as creating a safe space through which to build secure attachment. As some survivors of sexual trauma may have never experienced secure attachment before, therapy may be the only viable starting point for these clients to learn what a healing or supportive relationship is. All of the participants in this study were involved in group, individual therapy or both. One of the participants noted that:

I think the fact that I could actually share with other women my pain, where I came from because I was always minimizing it or trying to forgive people from the past, trying to let it go, trying you know. So this way, in the group (psychotherapy), I find, I found that other women could share their stories and I could be free to do it too. (p. 645)

Different participants reported learning more about themselves, managing difficult feelings and negative affect, as well as an increase in feelings of self-worth and authenticity as developed in their therapeutic work.

Furthermore, in the research by Arias and Johnson (2013), attending therapy was viewed as a part of “active healing.” In support of Herman’s view on establishing safety before attending to trauma histories, participants emphasized the importance of a safe and trusting relationship with a therapist before exploring their histories of CSA. Arias and Johnson suggest that maintaining a therapeutic relationship may build relationship competence and develop a positive self-view. Group therapy was referenced as a healing medium through which clients could experience a sense of universality and develop perspective on their own experience of CSA.
Attribution of Blame and Confronting the Abuser

Attributing blame for the sexual trauma onto the perpetrator instead of onto oneself can be significant in a survivor’s recovery. According to Arias and Johnson (2013), when a survivor does this, guilt and shame may be significantly reduced. Learning of the universal experience of sexual abuse may facilitate a survivor’s increased sense of world connection as well as contribute to a reduced “victim mentality”. In the research by Singh, Garnett and Williams (2012), one participant stated “later, I realized this wasn’t about me – it was about my abuser- and that made a huge difference in my life” (p.1105).

Another therapeutic process which can be empowering for clients is confronting their abuser(s). This confrontation can be in vivo or imaginal. It may take place with the therapist present, with another support person present, independently, over the telephone or via a letter or email message. This can be a significant mode of healing but is not recommended for all survivors, dependent on a myriad of factors, such as issues of safety and emotional stability. In the research by Arias and Johnson (2013), some participants reported feelings of empowerment after confronting their abuser. In the qualitative study by Singh, Garnett and Williams (2013) on female survivors of CSA, participants reported that confronting their abuser was a significant factor in their healing. One participant even discussed how having family therapy with her father (the abuser) was crucial to her healing process. Publicly expressing their experiences was a way of developing resilience for the 1994 genocide-rape survivors in the research by Zraly and Nyirazinyoye (2010) on women’s organizations in Rwanda. These authors considered post-conflict women’s associations to be “informal community mental health services.”

Attending group or individual therapy and having someone bear witness to the sexual trauma can be a beneficial piece in the development of resilience in female sexual trauma
survivors. Attributing blame onto the abuser and, sometimes, confronting the abuser can both be useful therapeutic processes. Therapy can be helpful by providing both a safe space and a healthy relationship and can teach clients what a supportive relationship looks like.

The Role of Adaptive Coping Skills

Adaptive coping skills may play an important role in the development of resilience as a female survivor of sexual trauma. Survivors utilize both adaptive and maladaptive coping skills. Learning to practice adaptive coping skills can be an effective way to further process trauma, as well as to integrate the traumatic experience(s) into the life of a survivor.

In this literature review, the most commonly mentioned adaptive coping skill was that of journaling. Journaling is a way to be creative, as well as to express both positive and negative affect. It is also a way to tell one’s story. In their study on spirituality and resilience, Bowland, Biswas, Kyriakakis and Edmond (2011) stated that one woman found journaling “as a way to name the goodness in her life” (p. 328). In the narrative literature review by Marriott, Hamilton-Giachritsis and Harrop (2014), the authors concluded that how an individual understands abuse is important; some survivors are able to attain this understanding through creativity, such as writing or drawing. Furthermore, Singh, Garnett and Williams (2013) referenced journaling as a way that participants combated both racism and sexism. Arias and Johnson (2013) consider journaling to be a form of “active healing” in recovery from CSA. Singh (2009) spoke of proactive strategies, such as writing and dance, as a way of generating meaning from abuse. Schwerdtfeger and Wampler (2009) discuss how two participants in their qualitative research on sexual trauma and mothering wrote poems and stories as a way to cope with their sexual trauma.

Other adaptive methods of coping include the use of humor, resisting racist and sexist stereotypes, reclaiming one’s sexuality, acceptance coping, self-care, silence, the establishment
of boundaries and asking for help. Singh, Garnett and Williams (2013) found the use of humor to be a pathway of healing for African American survivors of CSA. Wang (2011) utilized a case study to discuss how humor helped a survivor of woman-to-woman sexual violence.

“Humoring” was a concept of resilience used by many Rwandan women as found in the research of Zraly and Nyirazinyoye (2010). The use of humor is a common concept in Individual Psychology as Adler (1946) believed that “laughter, with its liberating energy, its freedom-giving powers, goes hand in hand with happiness, and represents, so to speak, the keystone of this affect” (p. 276).

The concepts of resisting racist and sexist stereotypes and reclaiming one’s sexuality are adaptive coping skills utilized by female African American survivors of CSA in the research of Singh, Garnett and Williams (2013). Being able to externalize racist and sexist stereotypes was a strategy of resilience that all 10 of the participants in this qualitative research used. One participant spoke of the “process of standing up for herself as a Black woman” (p. 1107). Reclaiming one’s sexuality was another resilience strategy utilized in this study. Several participants used this strategy and one specifically spoke of it in terms of healing: “I have found it’s an active process of affirming myself and my sexuality to stay connected to my desires - that is what has helped me heal” (p. 1118).

Acceptance coping is another strategy of resilience that has been determined to be effective in PTG. In acceptance coping, trauma becomes processed and integrated both cognitively and emotionally; thinking about and experiencing emotions regarding the trauma is not avoided. According to Cole and Lynn (2010), acceptance coping was found to significantly increase PTG in their study on female sexual assault survivors and adjustment.
Both self-care and silence were mentioned as coping strategies employed by South Asian female survivors of CSA in the phenomenological study of Singh, Hays, Barry Chung and Watson (2010). Some participants in this study discovered resilience and battled feelings of shame and guilt through the practice of self-care. In this study, self-care was defined as taking care of the mind, body and spirit; it helped to build self-confidence in the lives of these survivors. Silence regarding sexual trauma may be viewed as disempowering from a Western viewpoint. However, in this phenomenological study, several participants spoke of “transforming the South Asian demand of women’s silence about abuse into a positive coping strategy” (p. 452). For instance, one participant used her external silence to mask her internal healing (through imagination and play) and to keep herself away from her perpetrators. Other participants in this study learned the importance of boundaries and self-reliance, as well as the validation of their own thoughts and feelings through the use of silence.

The negotiation of boundaries was discussed as a positive coping skill in the research of Tummala-Narra, Kallivayalil, Singer and Andreini (2012). In this naturalistic study, participants made changes in how they related to others, specifically through improved communication, managing difficult feelings and the negotiation of healthier boundaries. Participants spoke of differentiating between self and others, selective disclosure, as well as attending to one’s own needs. One participant stated that “I’m getting better at boundaries, and that’s always been difficult…I get pulled off into other people’s stuff very easily… Yeah, I’m hanging out with healthier people and not really wasting time” (p. 644).

Asking for help may be viewed as an avenue of resilience. Asking for help does not have to be employed solely in terms of mental health services, rather as a form of self-care or coping (O’Dougherty Wright, et.al, 2012).
Journaling, the use of humor, resisting racist and sexist stereotypes, reclaiming one’s sexuality, acceptance coping, self-care, silence, the establishment of boundaries and asking for help were adaptive coping skills found to be beneficial in the lives of female survivors of sexual trauma. These coping skills can be helpful in processing trauma and in integrating the traumatic experience(s) into a survivor’s life. Journaling was the most commonly mentioned adaptive coping skill found in this literature review.

**The Role of Education**

Education can be a part of the development of resilience in the lives of female trauma survivors. Whether the positive effects of education are found in a survivor’s relationship with a teacher or mentor or through the knowledge obtained by academic achievement, the realm of education may have a beneficial impact upon female survivors of sexual trauma.

In the study by Nareadi Phasha (2009) on educational resilience in South Africa, the author found that young women who received comfort from community members stayed in school and furthered their education. One participant in this study noted that her trust for adults was renewed after receiving support from a neighbor. In this study, survivors viewed the pain from their abuse as temporary and as a learning experience.

The young women in the study by Nareadi Phasha (2009) remained determined to pass their school examinations and to continue attending school. As one participant stated “I continued going to school because I take my education very serious. I do not fool with it. Without education you cannot go anywhere” (p. 1246). (This young woman continued to attend school in spite of her rapists’ attempts at intimidation by appearing in her secondary school classroom. During these intimidation attempts, this survivor would go and hide at her former elementary school.) Another survivor stated “my motto was, I am not a failure. I can do it. I
had to prove everyone wrong. Even if I failed examination 5 or 10 times, I will never give up until I pass it” (p. 1246).

Positive educational experiences, such as supportive relationships with teachers, high academic achievement and the completion of education were all correlated with resilience in the research of Marriot, Hamilton-Giachritsis and Harrop (2014). Furthermore, Williams and Nelson-Gardell (2012) state that the influence of teachers and mentors has been consistently associated with resilience in the lives of sexually abused adolescents. The authors of this study discussed how a focus on primary relationships, such as school engagement and relationships with influential systems, such as teachers, should be utilized for more effective treatment of adolescents with histories of sexual abuse.

Whitelock, Lamb and Rentfrow (2013) found in their study on adult survivors of CSA that survivors who were highly educated had more positive outcomes than those with lesser education. Greater education was also related to the well-being of CSA survivors in this study. Education was considered to be one of the “active healing” strategies in the research of Arias and Johnson (2013) on healing from CSA. In this study, female participants utilized critical thinking skills obtained from education to put their abuse in context. Participants gained further education through the pursuit of higher education as well as self-education. In this research, several participants stated that they gained self-confidence and competence through education, as well as greater problem-solving skills. Education helped these survivors gain a greater connection to the outside world.

Education, another avenue to resilience, was found to be beneficial through relationships that survivors formed with teachers and mentors as well as through further attainment of knowledge. Both critical thinking and problem solving skills received from higher education can
be useful in the life of a survivor. Attaining higher education may make a survivor feel more confident and competent.

The Role of Religion, Spirituality and Meaning Making

Both religion and spirituality can be a significant source of resilience and strength for female survivors of sexual trauma. In this literature review, religion will be defined in the following manner: “religion is, by definition, institutional and creedal, and is typically socially defined. Religion provides a structure for human spirituality, including narratives, symbols, beliefs, and practices, which are embedded in ancestral traditions, cultural traditions, or both” (p. 9, Cashwell and Scott Young, 2011). Spirituality will be defined as “the universal human capacity to experience self-transcendence and awareness of sacred immanence, with resulting increases in greater self-other compassion and love” (p. 7, Cashwell and Scott Young). The terms religion and spirituality were frequently used interchangeably in this literature review.

Collins, O’Neill-Arana, Aronson Fontes and Ossege (2013) state that “after crisis events, many people turn to spirituality and religion” (p. 520). Surviving a sexual trauma is undoubtedly a crisis event and many survivors will turn to a religious community such as that found in a temple, mosque or church for solace and comfort. Other female survivors who are not affiliated with a specific place of worship or religious denomination engage in spiritual practices independently, such as prayer, meditation or yoga.

According to Bowland, Biswas, Kyriakakis & Edmond (2011), several researchers have demonstrated that having a religious belief system can make it more likely for a survivor to integrate a traumatic event into her pre-existing framework of beliefs; other researchers have found the opposite, that religious beliefs may make it harder for a survivor to integrate traumatic
experience. The role of religion in the life of a female sexual trauma survivor can be paradoxical, as it is has been found to have both positive and negative impacts upon the life of a survivor.

The research of Collins, O’Neill-Arana, Aronson Fontes and Ossege (2013) demonstrated that having a Catholic religious identity can be both helpful as well as unhelpful for many female CSA survivors. According to these authors, survivors may fear rejection by a religious community, have conflicts with their own belief and value systems and negatively perceive themselves, their relationships, as well as their relationship with God after experiencing CSA. Some Catholic survivors gain strength from their religious backgrounds and harness this as an asset in their healing process. This specific qualitative research study by Collins, O’Neill-Arana, Aronson Fontes and Ossege explored the belief systems of nine women who were raised Catholic. Beliefs analyzed were the themes of “God is watching,” (this could be either in a malevolent or benevolent fashion), Catholic patriarchy and the differences between how men and women were treated by the church, as well as the role of “Catholic guilt.” Some of the participants found their Catholic faith to be a large part of their healing process, whereas others are not currently involved with the Catholic Church but still have a sense of spirituality inherent in their lives. One participant in this study specifically said that understanding how her own spirituality is different from her religion had helped in her healing process.

Bowland, Biswas, Kyriakakis and Edmond (2011) examined the role of religion and spirituality among the lives of female trauma survivors from various religious faiths. This research found that many of the survivors were concerned with the processes of forgiveness and letting go, as well as the search for a like-minded and accepting religious community. This qualitative research study determined that several of the survivors made a distinction between spirituality and religion. Some participants in this study found religion to be a source of conflict
whereas others found it to be a source of belonging and support. Many of the women in this study engaged in spiritual coping strategies such as reading spiritual books, reciting prayers, performing sacraments, going on spiritual retreats, practicing yoga and breath work and participating in 12-step programs. These researchers concluded that traumatic experiences can profoundly affect women’s spirituality in either a positive or a negative way.

**The Overlap between Religion and Spirituality**

Several survivors in the study by Singh, Garnett and Williams (2012) found their church homes to be a source of resilience. One participant spoke of prayer as an integral component of her personal resilience. Others used their religious and spiritual beliefs as a strategy in their resilience. Conversely, two participants in this same study were negatively impacted by religion. One woman spoke of “the vulnerability of Black women in the churches” (p. 1109). This participant specifically referenced how she felt that African American women in the churches were vulnerable and easily preyed upon by African American ministers.

In the narrative review on resilience after experiencing CSA by Marriott, Hamilton-Giachritsis and Harrop (2014), being part of a religious group and having a sense of spirituality were both found to be associated with resilience. Approximately half of the participants in the naturalistic study of trauma survivors by Tummala-Narra, Kallivayalil, Singer and Andreini (2012) were in the process of redefining their spirituality, such as making meaning out of their past experiences. Praying and cultivating inner peace were both themes in the research by Zraly and Nyirazinyoye (2010) on genocide-rape survivors in Rwanda. According to Nareadi Phasha (2009) and the study on educational resilience in South Africa, certain individuals with a history of sexual abuse find religious beliefs to alleviate feelings of guilt and promote hope during
difficult times. One of the participants in this study adopted a religious attitude to help her cope with her prior sexual trauma. This participant stated that:

God does not let things happen if there is no certain reason for them. So I think he allowed things to happen to me so that when I have children one day or if I know a little girl that is in the same situation as I am, then I would be able to help them. (p. 1244)

Arias and Johnson (2013) discussed how all 10 of the female survivors of CSA in their study considered themselves to be spiritual and to believe in a type of “guiding force,” generally thought to be associated with a higher power or benevolent God. This spiritual or religious belief in a higher power was extremely transformative in the healing processes of these survivors. Prayer, meditation and nature were all practices of connection that helped the women in this study to heal and find a sense of peace. In this research, spirituality was viewed as a type of relationship that may fulfill a sense of belonging or acceptance.

**Making Meaning out of Sexual Trauma**

Human beings in general, whether trauma survivors or not, desire to make meaning out of their experiences and lives. As stated earlier, many female survivors of sexual trauma find meaning in their lives through religion or spirituality. This section will explore further methods of meaning making among female survivors.

Surviving genocide causes survivors to closely examine the importance of their own life on Earth. The research of Zraly, Rubin and Mukamana (2013) on motherhood and resilience among Rwandan genocide-rape survivors found that becoming a mother and parenting provided a purpose for living. Two women in this study expressly stated that their main purpose for living was to provide for their children and to protect them from suffering. They examined how their deaths could have negative consequences for their children; they also found meaning in simply
being alive and in taking care of their children. These authors discussed two Rwandan concepts of:

1) *Kwongera kubaho*: which translates to living again

2) *Gukomeza ubuzima*: which means to continue living

These two concepts were frequently utilized by participants in this quantitative research study.

Zraly and Nyirazinyoye (2010) also utilized both of the concepts in their ethnographic research on 57 women’s group members who survived the 1994 genocide-rape in Rwanda. In this study, the idea of meaning making itself was a theme that was important to and discussed by all of the survivors. This research demonstrated that many members of these women’s associations were able to make meaning through their social connections to others in the survivors’ groups. One participant described *kwongera kubaho* as “you feel there is peace in you, on your body and inside in your heart you feel there is peace and you have means to develop yourself in order to live” (p. 1660).

Several of the participants in the research on pregnancy and sexual trauma by Schwerdtfeger and Wampler (2009) were able to report on a positive change in their personal perspectives on life and a greater understanding of the world after their experiences of sexual trauma. All 10 of the participants thought that due to their sexually traumatic experiences they became stronger human beings. One participant stated “I think it made me stronger….’cause if I can get through that, I can get through anything, honestly” (p.110).

Nareadi Phasha (2009) discussed how the meaning that an individual attaches to abuse can significantly contribute to the recovery process after experiencing trauma. If one is able to find positive meaning out of an otherwise horrific experience, there is the potential for hope and for healing. One of the rape survivors in this research stated that “the rape taught me that one
must not take life for granted. One must not always think that life is smooth. Life has its own complications. Anything can happen to you anytime and anywhere” (p. 1243).

In the research of Bowland, Biswas, Kyriakakis and Edmond (2011) on spirituality among older female trauma survivors, another connection between meaning and spirituality was found as some of the participants described finding spirituality in their own personal search for meaning or empowerment. In the study on pathology and resilience among trauma survivors by Brown, Kallivayalil, Mendelsohn and Harvey (2012), these researchers determined that many participants found one specific source of resilience: the ability to find meaning in endeavors. The different ways that participants found meaning varied: some found meaning by taking care of a plant and others found it through activist work.

Understandably, the search for meaning is a deep personal quest and this literature review cannot attempt to detail all of the various ways that individual female survivors of sexual trauma find meaning in their lives or make meaning out of their traumatic experiences. This search for meaning can be interwoven with a survivor’s spiritual or religious beliefs. Religious and spiritual beliefs can be helpful for certain survivors of sexual trauma and may be decidedly unhelpful for others; the role of these beliefs has been found to be paradoxical at times.

The Adlerian Concept of Social Interest

Social interest or *Gemeinschaftsgefühl* is explained by Adler to mean “everyone must help his neighbor, everyone must feel connected to his fellows” (Adler, 1998, p.27). Griffith and Powers (2007) summarize this complex idea further as “an interest in the interest of others” (p.11). Social interest was how Adler judged the mental health of an individual; if an individual was not socially interested, she was showing increased inferiority feelings and thus not mentally stable. According to Carlson, Watts and Maniaci (2006), Adler saw mental health to be:
measured in terms of social interest: one’s willingness to participate in the give-and-
take of life and to cooperate with others. Healthy people are those who help others. 
They are people who look outward instead of inward. Social interest is the opposite of 
self-interest and concern for one’s own good. (p. 11)

Adler viewed social interest as an innate potential needing to be developed throughout our lives, 
both in our relationships and our communities. Adler further stated “social interest…is an innate potentiality which has to be consciously developed ” (Ansbacher and Ansbacher, p. 134).

In this literature review, this writer found many examples of sexual trauma survivors 
demonstrating social interest in their lives and communities. Whether through volunteer work, 
advocacy or supporting others in the process of healing from sexual trauma, the following 
research has shown that social interest can be an integral component in developing resilience as a 
sexual trauma survivor.

In the research of Zraly, Rubin and Mukamana (2013), as well as in the research of Zraly 
and Nyirazinyoye (2010), all of the survivors interviewed demonstrated social interest in their work with local women’s associations. These associations were composed of widowed survivors, unmarried and married survivors who worked to help participants support each other and to continue the process of living. While the research of Zraly, Rubin and Mukamana focused more on the role of motherhood and resilience, social interest was demonstrated by all of the mothers who wanted to make life better for their children. Zraly and Nyirazinyoye concentrated more upon the specific Rwandan cultural elements of resilience; their study demonstrated social interest through the relationships formed by members of these women’s organizations, as well as how the members supported one another and spoke out publicly against genocide-rape.
Arias and Johnson (2013) discussed “active healing” in their research on female survivors of CSA. One element of active healing was the role of volunteer work. In their qualitative research, volunteering in a formal capacity or informally helping others were critical components of the healing process. Participants spoke of gaining compassion and empathy for others by learning of their histories of similar abuse. The participants were able to become less hyperfocused on themselves and to recognize the universal experience of adversity through their volunteer work.

Almost all of the survivors in the qualitative study on women who left the sex trade by Cecchet (2014) became involved with either volunteer or paid work to help women or youth leave prostitution. All but one of the participants in this research was involved with community agencies or churches doing volunteer work to help people exit the sex trade. Tummala-Narra, Kallivayalil, Singer and Andreini (2012) discussed their definition of resilience as a survivor expanding her relationships with family, community and broader social systems. This “transactional” definition of resilience could be characterized as social interest in action. In the qualitative research on South Asian female survivors of CSA by Singh, Hays, Barry Chung and Watson (2010), these researchers found that socially interested activities such as becoming an advocate, environmental volunteer work, choosing a “helping” professional career and acting as a role model for others, facilitated healing from the survivors’ sexual abuse.

Female survivors of sexual trauma demonstrated social interest in many of the research studies utilized in this literature review. Some survivors became volunteers or advocates for women with histories of similar sexual trauma and some joined women’s organizations to speak out publicly for women’s rights. Social interest was also demonstrated by the female survivors who wanted to make life better for their children.
The Adlerian Concept of Belonging

The search for belonging is present in the life of every human being, trauma survivor or not, as every person struggles to find an environment into which we connect with others and “fit in.” Adler (1998) describes community feeling or belonging in this fashion:

…the universal existence of a social feeling that binds humanity; this social feeling, or community spirit, is at the root of all the great accomplishments of our civilization. These contributions to society constitute the sole criterion by which to measure the social feeling of an individual. We build up a picture of the human psyche by learning how an individual relates to society, how she expresses her fellowship with humankind, and how she makes her life meaningful and worthwhile. (p. 155)

Adler believed that a human being cannot survive in isolation. From an early age, we learn how we “fit in” or “get along” with others, as well as what our role is in a social group or family setting. Dreikurs (1964) expanded on Adler’s theory of community feeling or belonging and developed the Social Discipline model (designed for use with children.) A significant part of this model discussed the human motivation to belong. Dreikurs stated that:

Since the child is a social being, his strongest motivation is the desire to belong. His security or lack of it depends upon his feeling of belonging within the group. This is his basic requirement. Everything he does is aimed at finding his place. From infancy on, he is very busy exploring methods of being a part of his family group. From his observations and his successes, he draws conclusions – not formed in words, but definite nonetheless- “Ah! This is how I can belong. This is how I can have significance.” (p. 14, all italics in the quoted passage are Dreikurs’)

Adler and Dreikurs differed on their views of belonging: Adler saw belonging as a part of an individual’s goal-directed behavior, whereas Dreikurs saw belonging as the goal of all human striving. Mosak and Maniacci (1999) interpreted Adler’s idea of belonging in the following statement “all of us want to belong, and we establish a final, fictional goal that directs us as to what we should be or accomplish in order to belong” (p. 16). Adler further expounds, “one must sense that not only the comforts of life belong to one, but also the discomforts. One must feel at home on this earth with all its advantages and disadvantages” (Ansbacher and Ansbacher, 1956, p. 136). Adler further states “everyone must help his neighbor; everyone must feel connected to his fellows” (Adler, 1998, p. 27).

The aim of this discussion on belonging is to explore how survivors locate a sense of belonging after experiencing sexual trauma. Belonging, often combined with social interest, was a topic that this writer found repeatedly throughout the literature review. Belonging overlaps with some of the earlier sections of this paper, specifically with the sections on social interest, social support, religion and spirituality, mothering and pregnancy and in the section on therapy, psychoeducation and support groups.

In the research on victimhood and agency in the lives of female sex workers by Dodsworth (2014), the author determined that the workers who were able to meet their needs for approval and affection in healthy ways and those who had a relationship that involved healthy attachment were the survivors who specifically demonstrated resilience. Simpson (2010) studied the role of resilience in the lives of women who had experienced CSA. Simpson determined that one of the factors that strongly influenced the development of resilience among the women in the study was feeling a sense of acceptance and belonging to a family. This was one of the three most influential protective factors found in this research.
The genocide-rape survivors of the 1994 Rwandan genocide in the research by Zraly and Nyirazinyoye (2010) found belonging through their membership in either a widows’ organization or an organization that was specifically formed for genocide-rape survivors’ (though these two organizations had significant overlap). In this research, four concepts of resilience specifically showed how being in a women’s organization can provide a feeling of belonging. The following are the concepts:

1) being with
2) being a resource
3) caring connecting
4) incorporation

In the research by Zraly, Rubin and Mukamana (2013), the authors found that many survivors developed resilience through mothering children; the mothering role can be viewed as fulfilling a sense of belonging for many women. All of the survivors in this study were also members of genocide-rape women’s associations.

Tummala-Narra, Kallivayalil, Singer and Andreini (2012) found that many survivors wanted to make changes in how they related to others: these survivors wanted to build more positive interactions with family members and significant others. Some of their desired changes included a wish for mutuality in relationships, remaining open to healthy connections, searching for community and for a sense of belonging. In the study on female South Asian survivors of CSA by Singh, Hays, Barry Chung and Watson (2010), survivors found resilience through accessing and making connections within the South Asian community. The participants in this study spoke of the need for belonging in their lives.
In the research of Bowland, Biswas, Kyriakakis and Edmond (2011) spirituality and resilience were examined in the lives of older female trauma survivors. Their research explicitly discussed how, for some survivors, religion could provide a source of belonging. (This perspective was decidedly not expressed by all of the study participants.) These authors categorized a search for community as a major theme in their results. This sense of community could be found in a specific religious denomination or congregation. Certain women in this study did not feel that their church community was helpful in their healing process and so they sought out a different type of church community. Many survivors in this study said that being a part of a religious community was vital to their healing process.

Belonging is an essential process in the lives of human beings, whether trauma survivors or not. In this literature review, women found belonging through their religious or spiritual communities, through ethnic organizations and through women’s associations. Other women found belonging through their family or by becoming a mother. Finding a way to belong is an essential human task and this need can be met in many different ways.

The Adlerian Concept of Creative Power

Adler believed that every individual is born with a creative capacity to both influence and interpret myriad events in life in many different ways. He called this “creative power” and spoke of how “the individual is thus both the picture and the artist. He is the artist of his own personality…” (Ansbacher and Ansbacher, 1956, p. 177). Adler believed that this creative power could be utilized in both positive and negative ways to provide meaning to life events. He further stated:

We cannot know in advance what the child will make of… (influences and experiences)...Here the child works in the realm of freedom with his own creative
power…Here there are thousands of possibilities in the realm of freedom and of error.


Adler (2011) even purports that creative power was a major influence on the creation of Individual Psychology. He writes that “the science of Individual Psychology developed out of the effort to understand that mysterious creative power of life…” (p. 32).

In this literature review, this writer will explore the connection between creative power and resilience in the lives of female trauma survivors. Why do some trauma survivors develop psychopathology while others do not? Could this be based on the creative power of the survivor herself? As Mosak and Maniacci (1999) state “similarly, anyone can be victimized; life can, and does, ‘kick us in the teeth’ on occasion. Whether or not one chooses to become a victim, however, is not so automatic” (p. 18).

What makes some women with sexual trauma histories become “victims” while others become “survivors?” Could this be based upon certain character traits that a survivor possesses, along with a combination of external or protective factors? According to Carlson, Watts and Maniacci (2006) “the use people make of their circumstances is as important as, and often more important than, the circumstances themselves” (p. 83).

What kinds of character traits would a resilient survivor of sexual trauma possess? Certainly, every individual is different and not all resilient survivors would exhibit similar character traits. At the same time, many resilient traits overlap among survivors. In this literature review, certain traits or qualities appeared with regularity. Bonnano, Pat-Horenczyk and Noll (2011) discussed the traits of optimism, a sense of humor, calmness, a sense of goal-direction and hardiness as beneficial in coping with trauma. (Hardiness can be described as a belief that one influences and has some control over the events in their own life; this would be
similar to having an internal locus of control.) Cole and Lynn (2010) found that hardiness was a predictive factor for experiencing PTG. Nareadi Phasha (2009) discovered that sexual abuse survivors in South Africa demonstrated both optimism and hopefulness, along with persistence and ambition as a part of their resilience.

Hopefulness was a character trait discussed by different researchers as beneficial in the development of resilience. Williams and Nelson-Gardell (2012) found a sense of hope or expectancy to be significantly associated with resilience in their research on sexually abused adolescents. Persistence of hope was also viewed as a source of resilience in the research on trauma survivors performed by Brown, Kallivayalil, Mendelsohn and Harvey (2012). Simpson (2010) discussed how a positive attitude towards the future can be a protective factor in the life of a woman who has experienced CSA. Cecchet (2014) categorized positive thinking as a theme of the resilient personality in her research on survivors who exited the sex trade. Arias and Johnson (2013) spoke of the character trait of optimism that certain survivors of CSA found through connection with supportive others or a “higher power”.

The ability to not take things for granted or to persevere was discussed by several researchers as well. One of the survivors in the study by Nareadi Phasha (2009) on sexually abused adolescents in South Africa spoke of the importance of not taking things for granted. Bowland, Biswas, Kyriakakis and Edmond (2011) also had several participants in their research on older female trauma survivors who discussed the benefit of not taking things for granted. Among the participants in the research by Schwerdtfeger and Wampler (2009) on pregnancy among sexual trauma survivors, certain survivors describe a sense of perseverance, as well as experiencing a new perspective or understanding after their sexual trauma. All ten of the
participants in this study discussed experiencing a sense of strength after living through their sexual trauma.

Another character trait frequently discussed in this literature review was the trait of acceptance or self-acceptance. Acceptance does not refer to believing that what happened was “right” but accepting that the sexual trauma occurred; certain survivors demonstrate considerable resilience by engaging in self-acceptance after their sexual trauma. The theme of being “accepting” was one of the themes of resilience that was determined by the research of Zraly and Nyirazinyoye (2010) among Rwandan genocide-rape survivors. Nareadi Phasha (2009) also spoke of the role of self-acceptance in alleviating guilt among trauma survivors in South Africa. Cole and Lynn (2010) addressed the role of acceptance coping in the development of PTG among survivors. One of the six participants in the qualitative study on survivors of prostitution by Cecchet (2014) specifically spoke of the process of learning to accept herself.

Forgiveness or self-forgiveness was also a trait found within resilient survivors. Survivors in the study on women who had experienced CSA by Arias and Johnson (2013) determined that the trait of being forgiving was a part of forming “healing relationships.” One of the survivors in the study on women who exited the sex trade (Cecchet, 2014) specifically examined self-forgiveness in her life:

Thirty years I’ve been out of that lifestyle, and it still took me a long time to forgive myself for being in it. A long time to feel clean again, because some of the stuff you do when you’re involved in that lifestyle… (p. 490)

The themes of forgiveness and letting go were examined by Bowland, Biswas, Kyriakakis and Edmond (2011) in their research on older female trauma survivors. Several of the participants in this study had mixed views on forgiveness, as some women felt pressure to
forgive their perpetrators too early in their healing process. At the same time, letting go could be a form of practicing self-forgiveness whether one makes the choice to forgive the perpetrator or not.

This list of resilient character traits is not meant to be exhaustive. There were many other traits mentioned in this writer’s literature review that could help a survivor of sexual trauma develop resilience. In a later section of this paper, character traits will be further explored in a questionnaire designed to determine resilience in female survivors of sexual trauma. The creative power of an individual was commonly found to develop traits such as optimism, hopefulness, perseverance, acceptance and forgiveness, among other traits.

The Adlerian Concept of How Everything Can Also be Different

Another major concept of Individual Psychology is the belief that “everything can also be different (Alles kann auch anders sein”) (Ansbacher and Ansbacher, 1956, p. 194). Adler explained this concept to mean that:

The uniqueness of the individual cannot be expressed in a short formula, and general rules – even those laid down by Individual Psychology, of my own creation – should be regarded as nothing more than an aid to a preliminary illumination of the field of view in which the single individual can be found – or missed.

The idea of how everything can also be different complements the idea of the creative power of the individual, where an individual has the power to interpret events in a unique manner of her own choosing. This idea of individual variant or uniqueness may help to explain how some women, who have been sexually traumatized, demonstrate more resilience than others. As Adler further states “…meanings are not determined by situations, but we determine ourselves by the meanings we give to situations” (Ansbacher and Ansbacher, 1956, p. 208).
Bonanno demonstrates the relationship between resilience and how everything can also be different in this manner:

Some people experience acute distress from which they are unable to recover. Others suffer less intensely and for a much shorter period of time. Some people seem to recover quickly but then begin to experience unexpected health problems or difficulties concentrating or enjoying life the way they used to. However, large numbers of people manage to endure the temporary upheaval of loss or potentially traumatic events remarkably well, with no apparent disruption in their ability to function at work or in close relationships, and seem to move on to new challenges with apparent ease. (2008, p. 101)

Several female survivors in this literature review demonstrated how, in spite of their sexual trauma, everything can be different. These women did not deny that something horrible had happened in their lives but were able to find positives, even in an extremely bad situation. In the research of Collins, O’Neill-Arana, Aronson Fontes and Ossege (2014) on Catholic survivors of CSA, one survivor described her transformation in this manner “and I believe that in an emotional way I wouldn’t have survived without the emotional connection to a power greater than me. The bottom line was, I was protected. Bad things happened to me, but I was protected overall” (p. 527). This survivor demonstrated a marked sense of difference from other survivors who felt no overriding sense of protection during or after their sexual trauma.

In the research of Singh, Hays, Barry Chung and Watson (2010) on South Asian survivors of CSA, one participant spoke of how she took care of herself after experiencing CSA:

My body is like my shrine, and I do everything I can to take care of it. I think that care of my body is connected to my past abuse. I am making up for the time when my body was
totally disrespected [from child sexual abuse]. I make the choice to live in the present, to be the type of person that I want to be and have good relationships and support.

(p. 454)

This survivor speaks of her own choice in how she responds to her past sexual abuse. This ability to demonstrate control (also called an internal locus of control) shows how some women make the choice to differentiate between being a victim and being a survivor.

One woman explored her personal growth after exiting the sex trade in the following statement: “we’re victims. We were victims should I say, even if we victimized ourselves. But we are survivors, and we’re overcomers. It’s one thing to survive, it’s another to overcome” (p. 489, italics in the quotation are Cecchet’s, 2014). In the 2009 research by Schwerdtfeger and Wampler, one participant discussed her PTG in this manner:

…it does have a positive impact, because I had to stop and look at myself and be like, that’s not what I want to have to deal with every day. So, it made me stop and think about what I was doing with my life, and it made me change it. (p. 110)

Another survivor in this same study who had also become pregnant and then a mother after surviving sexual trauma described how everything can also be different in this way:

[The current pregnancy] made my feelings open up more. Just the way I look at things, it’s made me look at life different, because everything was so dark to me before. Now that it’s all settled in, it’s going to be, he’s going to be there, and everything’s going to be okay. It’s made me look, and there’s some light there…It makes it feel like everything might be okay. (p. 113)
In the research of Tummala-Narra, Kallivayalil, Singer and Andreini (2012), trauma survivors’ perceptions of safety were explored. One participant expressed her thoughts in this manner:

…I’m not going to be scared. I’m not saying that the world is totally safe but I’m seeing, and I don’t know how, but I’m choosing to see the world as really good there’s a lot of beauty and it’s too beautiful to give up and be scared. (p. 643)

In the study by Collins, O’Neill-Arana, Aronson Fontes and Ossege (2014), a Catholic survivor of CSA described her personal growth and healing in this way “there was something greater than the experience of the abuse. My life was greater than just that. Greater was not so much a God or a person, more of a feeling or an energy, I think” (p. 530).

As demonstrated in the above examples, how a survivor interprets her sexual trauma and the meaning that she attaches to her experience varies. As every survivor is unique, there are myriad ways in which a survivor grows or heals after sexual trauma. As Adler states “each individual always manifests himself as unique, be it in thinking, feeling, speaking or acting” (Ansbacher and Ansbacher, 1956, p. 194). This further demonstrates how everything can also be different.

**A Questionnaire to Measure Resilience in Sexual Trauma Survivors**

This writer is proposing a questionnaire designed to identify traits and external factors of resilience in a female survivor of sexual trauma. This questionnaire is intended to be completed by a new female client with a history of sexual trauma at the beginning of therapy and to be completed a second time after progressing in therapy to identify both areas of growth and areas needing further development and treatment planning. The purpose of the questionnaire is to help the client and her therapist to recognize aspects of resilience in the client’s life, whether internal
or external factors. The focus of this questionnaire is to assist sexual trauma survivors in rediscovering and reclaiming their resilient traits, with the help of their therapist. It is also designed to help a client see what has changed in her life, in both positive and negative ways, since her sexual trauma. Taking and interpreting this questionnaire is designed to be a positive experience for both client and clinician. The questionnaire is not designed to diagnose a client but instead to see what is working in a client’s life and what strengths help her cope, as well as which areas in her life might benefit through therapeutic work.

This tool is an Adlerian instrument and as such, it is designed to focus on the five life tasks of work, love, friendship, the self and spirituality. Each of the questions will aid a practitioner in uncovering further knowledge about the client in one (or more) of these five tasks. The client can be provided further psychoeducation by the therapist regarding the five life tasks if it is deemed appropriate.

This questionnaire has not been developed for validity and reliability and is presented for the purposes of illustration only.

**Strength and Sexual Trauma Questionnaire**

The purpose of this questionnaire is to help you and your therapist identify your strengths and positive qualities, while learning what has changed in your life since your sexual trauma. This questionnaire is not designed to diagnose you. It is only a tool for your therapist to get to know you better and help guide your treatment. Please answer the questions as completely and honestly as you can. If you feel unsafe or experience any distress while filling out this questionnaire, please stop and let your therapist know. Please ask your therapist if you have any questions. After completing this questionnaire, you and your therapist will discuss your answers together.
Your Work Life

1) After your sexual trauma, have you continued to attend work (if employed outside the home) or to accomplish work tasks at home?

2) Are you currently in school? If so, did you go back to school or continue with school after the assault?

3) Are you currently involved in any charity or volunteer work?

Your Friendships and Social Life

1) Do you currently have someone who provides you with emotional support and whom you can talk with about your problems? If so, who?

2) Do you have difficulty trusting people? Anyone in particular?

3) Are you involved in any hobbies or activities with others? If so, what, and with who?

Your Love Life

1) Do you have a spouse, life partner, boyfriend or girlfriend or are you currently dating someone? If yes, are you sexually intimate with this person?

2) Do you have children? If so, did you become pregnant before or after your assault?

Your Spiritual Life

1) Do you consider yourself to be spiritual or religious? If so, how do you practice this in your life?

2) Is your spirituality or religion helping you heal from your assault? If so, how? If not, can you say why not?

3) What does hope mean to you? Do you have a feeling of hope now?

4) Why do you think that bad things happen to people who don’t deserve them?
5) What gives you a sense of meaning in your life? If the answer is nothing, what do you think would give your life meaning?

**Your Relationship with Yourself**

1) How do you see yourself now as compared to before the assault?

2) If you see a change or changes in yourself, can you say what they are?

3) You have survived one of the worse things that can happen to a person. How did you do that?

4) A year from now, what kind of a person do you hope that others will see in you? What do you hope to see in yourself?

5) Is there anything else that hasn’t been asked that you want your therapist to know?

**Recommendations for Using Questionnaire**

After the client completes this questionnaire, whether at the beginning of therapy or after therapy is underway, read the client’s responses while asking for further clarification and discuss the client’s answers. Timing of the use of this questionnaire is an important clinical consideration. Some clients will be able to tolerate the questions and benefit from the information gained at the outset of therapy. In cases where the symptoms of trauma need further stabilization this questionnaire may not be appropriate or useful until a later stage of the treatment.

The questionnaire’s use is contraindicated for clients diagnosed with or evidencing symptoms consistent with:

1) Active chemical use or other uncontrolled compulsive disorder

2) Borderline Personality Disorder

3) Severe depression
4) Psychosis or Dissociation

5) Self-injurious impulses or history

6) Suicidality or past history of attempts

7) Panic or severe anxiety

8) Untreated PTSD (i.e., EMDR has not been conducted)

**Review of Themes Found Within the Literature Review**

Resilience can be developed through a variety of external factors as well as through internal character traits that a survivor of sexual trauma may already possess. As demonstrated in this literature review, positive social support or the presence of at least one supportive individual can be an integral component in a survivor’s development of resilience after experiencing sexual trauma. Having someone who does not blame the survivor for what happened can help propel the client forward in her healing process.

Another theme examined in this literature review was the role of pregnancy and mothering after experiencing sexual trauma. Many survivors are able to find healing and to demonstrate resilience through the life changing process of becoming pregnant and then a mother. Pregnancy may act as a catalyst for PTG, may provide women with the sense of a new beginning and may also provide meaning in the lives of many female survivors.

The impact of attending therapy, whether individual or group, has been demonstrated to be a “turning point” or a form of “active healing” in the lives of many survivors. Since a narration of the trauma is one of the essential tasks in the phase of “remembrance and mourning” (Herman, 1992), many clients are only able to complete this task in the safety of the therapeutic space.

The role of adaptive coping skills is another pathway for resilience in the life of a female survivor of sexual trauma. Adaptive coping skills could be skills learned in therapy or support
groups or may be forms of relaxation or coping that a survivor used even before her sexual trauma. Journaling, humor, self-care, externalizing racist or sexist stereotypes, acceptance coping, reclaiming one’s sexuality, establishing healthy boundaries, silence and asking for help were all adaptive coping skills discussed in this literature review.

Education is another credible means of establishing resilience. Educational resilience can be demonstrated through the attainment of higher education, by having a supportive relationship with a teacher or by learning problem solving or critical thinking skills.

Spirituality, religion and meaning making were interrelated themes in this literature review that helped many survivors to develop in their healing process. This theme was paradoxical as some survivors found that their religious or spiritual beliefs made healing from their sexual trauma more difficult, whereas other survivors found their religious or spiritual beliefs as essential to their healing.

Adlerian concepts examined in this literature review include the ideas of social interest, belonging, creative power and how everything can also be different. Many survivors demonstrated social interest in their development of resilience, whether through volunteer work, advocacy or choosing a “helping” career. Belonging was a theme found throughout this literature review, as belonging is essential in the life of every human being, whether a trauma survivor or not. Many survivors located a sense of belonging through church communities, support groups, women’s associations, ethnic organizations, pregnancy and healthy attachment. Creative power complemented the idea of how everything can also be different; both were found in many survivors’ unique perspectives on how they attained growth or healing after experiencing sexual trauma. Many survivors were able to state that their sexual trauma changed them, but that not all of the changes were negative. Character traits found repeatedly throughout
this literature review were the traits of optimism and hopefulness, perseverance and the ability to not take things for granted, acceptance of self and others, as well as forgiveness of self and others.

**Recommendations for Future Research**

This literature review provided this writer with hope as it demonstrated how the impact of resilience after experiencing trauma has become increasingly well-researched in recent years. This writer started this literature review with the personal bias of thinking that the majority of trauma research (specifically sexual trauma research) focused almost exclusively on the negative impact of trauma and disregarded the potential for healing and growth. This literature review was able to disprove this assumption and to demonstrate that not all of the research on sexual trauma is focused on negative results.

This writer has the following two major recommendations for future research on resilience and sexual trauma:

1) Perform research studies solely on male or female participants. Many relevant research articles that this writer found included participants of both sexes. This made the process of determining whether the results could be interpreted and applied to both male and female clients or to clients of only one sex difficult. Also difficult was the fact that many qualitative research studies utilized a majority of female participants but still had a small minority of male participants.

2) Perform research solely on participants with one type of trauma history. For example, only use participants with histories of sexual trauma (as opposed to physical abuse). Undoubtedly, participants may have histories of multiple types of trauma, but focusing on several types of trauma in one research study makes the analysis of results more difficult.
In a study with multiple trauma types, it remains unclear whether all of the results can be applied to survivors with differing types of trauma or only to participants with one specific type of trauma. Once again, using a majority of participants with sexual trauma but then applying the results to all of the trauma survivors in a study, irregardless of type, promotes confusion and potential inaccuracy.

**Conclusion**

Sexual trauma has countless negative effects upon the lives of female survivors. At the same time, there is the potential for PTG and healing in the life of every sexual trauma survivor. It is our job, as practitioners, to help our clients to become aware of the internal and external factors that promote the development of resilience. Sexual trauma can be overwhelming but our clients do not need to face this alone. We, as therapists, must provide them with a safe space in which to tell their trauma narratives. We must bear witness to the client’s negative and positive affect. For only when we can see both the pathology as well as the resilience can we encourage our clients to move forward in their healing process. Only by viewing them in a holistic light, are we able to find sexual trauma survivors’ strengths as well as their weaknesses.
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