

The Retrospective Experience of Individuals Marginalized by Gender that Encountered Sexual
Violence in Post-secondary Education

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Abstract

Sexual violence is a pervasive problem that affects those marginalized by gender (women, trans, nonbinary people) more than cisgender men. Within post-secondary educational institutions, the problem amplifies with up to one in four women experiencing sexual violence before the age of 24. Additionally, sexual violence affects trans and gender nonbinary individuals more than their cisgender peers. As a large proportion of individuals experience sexual violence while in the formative years of post-secondary education, these settings are integral in prevention and appropriate intervention. Yet, there continues to be negative rhetoric and rape myths that surround these institutes of higher learning that protect the perpetrator and minimize or dismiss the victim/survivor. The current context of #metoo and #beenrapedneverreported movements highlight the pervasive extent of delayed disclosure of sexual violence experiences and illuminate the need for caregiving systems, including psychiatric and mental health nurses, to respond in a trauma-informed, survivor-centered manner. Through qualitative, trauma-informed methods with a feminist perspective, this study explores the retrospective experience of individuals marginalized by gender who encountered sexual violence in post-secondary educational institutions. The findings of the 10 semi-structured interviews and archive review from one post-secondary institution provide insight into three main topics: (1) the lasting impact of this form of violence, (2) how rape myths alter individuals' perceptions of their experiences, and (3) the messages that victims/survivors feel are crucial to aid in recovery. The narratives of the victims/survivors may help others to process their own sexual violence while simultaneously reiterating the need for anti-oppressive and trauma-informed responses from psychiatric and mental health nurses as well as post-secondary institutions.

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Chapter 1: Introduction

The problem of sexual violence is pervasive, and those marginalized by gender¹ (women, Two Spirit, trans, and gender nonbinary people) are affected more than cisgender men. For instance, over 25% of women will experience sexual violence at some point in their post-secondary academic career (Lee & Wong, 2019). Additionally, transgender and gender nonbinary post-secondary students report higher levels of sexual violence compared to their cisgender peers (Martin-Storey et al., 2018). Only 5% of women who experience sexual assault report this assault to authorities, which makes some experts question whether the statistics show an underestimation of the overall prevalence of sexual violence (Anderson, 2005; MacKinnon, 1991; Statistics Canada, 2013). Colpitts (2021) argues that universities tend to brand themselves as inclusive and intersectional but that the systems of oppression that produce and sustain sexual violence and perpetuate rape culture are entrenched within these institutions. Rape culture “does not necessarily refer to explicit acts of rape or sexual assault, but rather draws attention to the social environment that fosters gender inequity that results in women experiencing higher rates of violence” (Bourassa et al., 2017, p. 46).

Post-secondary educational settings often perpetuate rape culture and rape myths² through their policies, procedures, and discussions of sexual violence. For instance, in 2013, St. Mary’s University in Halifax, Nova Scotia made national news when student leaders encouraged a large group of students to sing a chant that included reference to underage rape during orientation events (Haiven, 2017; Trusolino, 2017; A. Quinlan, 2017). A few years later in the same province, dental students from Dalhousie University made misogynistic threats on social media, promoting sexual violence towards their female colleagues (Trusolino, 2017; A. Quinlan, 2017). In 2017, York University in Toronto, Ontario failed in their response to sexual violence when two strangers entered a dorm and sexually violated two young women. Shortly after the attacks, the University launched a campaign reminding women to lock their dorm room doors at night, rather than dealing with the larger culture of misogyny and violence on campus (Trusolino, 2017). Lastly, in an example much closer to home, at Brandon University, Manitoba,

¹ The phrase “those marginalized by gender” encompasses all individuals that have historically and systematically been oppressed by those in power. This term is used because “gender-neutral language masks the gendered nature of violence, traditional gender-specific language cannot easily capture or account for violence in same-sex relationship or violence experienced by nonbinary and transgender people.” (Brubaker, 2021, p.721)

² The literature review provides more information on the concept of rape myths.

a sexual assault victim/survivor³ was forced to sign a non-disclosure agreement that threatened expulsion or suspension if they spoke to anyone other than their university counsellor about the violence they experienced on campus (Laychuk, 2016).

Even as the news around sexual violence in Canadian post-secondary institutions is pervasive and abundant, it was a case from the United States that was the final impetus for this dissertation. The case that I am referring to is *Emily Doe v. Brock Turner*, a case from Stanford University that occurred in 2015. North American culture was obsessed with the case, and I was no different. The shameful patriarchal nuances of Brock Turner's father to label the assault against Emily Doe as "20 minutes of action" (Dan Turner, as reported in Hunt, 2016, para 1) and that "imprisonment was not the appropriate punishment for his son" (Dan Turner, as reported in Hunt, 2016, para 16) was infuriating. The judge's verdict that Turner was guilty of felony assault with intent to rape an intoxicated woman—felony sexual assault charge for sexually penetrating an intoxicated person with a foreign object and felony sexual assault charge for sexually penetrating an unconscious person with a foreign object—was reassuring. Having said that, although Turner faced a maximum of 14 years in state prison, he received six months of jail time then only served three months because of good behaviour (Potter, 2017). The light sentence was hard enough to swallow, but then the media reported that the judge that tried the case was "concerned about the defendant's well-being" and "that a light sentence would be an 'antidote' to the anxiety he had suffered from intense media attention to the case" (Phillips & Chagnon, 2018, p. 56). The case, verdict, and sentencing emphasized that the lasting impact of the violence on Turner, the perpetrator, weighed more heavily in the system than the lasting impact the violence had on Emily Doe, the victim.

In 2016, after the public was aware of Turner's guilt and sentence, Emily Doe shared her entire statement with BuzzFeed News (Baker, 2016). The first sentence she wrote within that statement was "you don't know me but you've been inside me, and that's why we're here today" (Baker, 2016, para. 6). Then she went on to explain her assault, the second rape⁴ she experienced in the hospital, and the secondary victimization she experienced at the hands of the criminal

³ The term "victim/survivor" represents individuals that have experienced sexual violence. The term is used to acknowledge that both "victim" and "survivor" have positive and negative consequences for those that have experienced sexual violence, referred to as the "victim/survivor paradox" (Thompson, 2000). More information on this term is provided in the literature review.

⁴ The literature review provides more information on the concepts of second rape and secondary victimization.

justice system, and then halfway through the piece she directs her comments once again at her perpetrator and writes:

Lastly, you said, I want to show people that one night of drinking can ruin a life. A life, one life, yours, you forgot about mine. Let me rephrase for you, I want to show people that one night of drinking can ruin two lives. You and me. You are the cause, I am the effect. You have dragged me through this hell with you dipped me back into that night again and again. You knocked down both our towers, I collapsed at the same time you did. If you think I was spared, came out unscathed, that today I ride off into sunset, while you suffer the greatest blow, you are mistaken. Nobody wins. We have all been devastated, we have all been trying to find some meaning in all of this suffering. Your damage was concrete; stripped of titles, degrees, enrollment. My damage was internal, unseen, I carry it with me. You took away my worth, my privacy, my energy, my time, my safety, my intimacy, my confidence, my own voice, until today. (Baker, 2016, para. 48)

Since that time, Emily Doe has reclaimed her story and her voice by announcing to the world that she is Chanel Miller through her memoirs (Miller, 2021). Chanel Miller's words resonate with me. As a feminist, a psychiatric mental health (PMH) nurse, an educator in a post-secondary institution, a researcher, an individual with personal experience of sexual violence, and someone that has been witness to disclosures of sexual violence far too many times from friends, colleagues, and clients, her words stung. The reality of Chanel Miller's truth, her story, her appeal to the public to listen and pay attention, was the starting point for my interest in further study of sexual violence. Then the social media campaigns #metoo and #notokay, a point I will return to later, erupted across the North American context, which solidified my interest in the topic and became the further calls to action I needed to focus my PhD dissertation on sexual violence experienced in post-secondary education. Further, as a PMH nurse, I am aware that experiences of sexual violence can have a lasting impact on mental health (Amstadter et al., 2011; Bartoi & Kinder, 1998; Brown et al., 2009; Clum et al., 2000; Combs et al., 2014; Culbertson et al., 2001; Davidson & Gervais, 2015; Draucker, 2001; Franklin, 2010; Neilson et al., 2017; Peter-Hagene & Ullman, 2015; Reis et al., 2017) of which all mental health practitioners, need to be keenly aware to provide wholistic, trauma-informed, appropriate and compassionate care. Additionally, research has shown that healthcare in general can exacerbate

sexual violence trauma when health care providers are uneducated about, and unaware of trauma-informed approaches in terms of sexual violence (Allagia & Wang, 2020; Delker et al., 2020).

Therefore, because of my own past experience of sexual violence, my career as a psychiatric nurse, and an educator in a postsecondary institution, I wanted to put these two large institutions- healthcare spaces and postsecondary institutions- and these institutions' responses to sexual violence, in conversation. I wanted to learn more about the lasting impact of sexual violence, how individuals cope through sexual violence, how institutions of higher education respond to sexual violence, why society dismisses and neglects the stories of individuals that have experienced sexual violence, and how psychiatric nurses and post-secondary educators can improve practices to increase disclosures, decrease retraumatization, and better support healing and recovery.

These questions led me to the overarching research question: What is the retrospective life experience of individuals marginalized by gender who encounter sexual trauma in post-secondary education? The sub-question became: How can large institutions, specifically post-secondary and PMH nurses (in clinical, research and education) improve the way they handle disclosures of sexual violence. This dissertation explores these research question through a feminist and trauma-informed qualitative research study with 10 victims/survivors that graduated from post-secondary institutions in Manitoba between 1990 and 2010. Throughout the literature review, I provide detailed description as to why the post-secondary educational setting was an important part of conceptualizing this research study. In the method section, I discuss how the research evolved in an iterative process as I grew as an academic and tackled numerous challenges. The final section of this introduction will review the four manuscripts that make up the remainder of the dissertation.

Literature Review

The field of sexual violence research is extensive, with numerous academics and advocates in a variety of disciplines contributing to the conversation. To frame the study, I first outline some of the key concepts—specifically, the definitions of sexual violence, rape myths, and disclosure. I then outline trauma and feminist theories as the theoretical framework. Lastly, I explore research on the lasting effects of sexual violence experienced in post-secondary education. Unfortunately, sexual violence literature within health disciplines relies heavily on the gender binary. Therefore,

although I emphasise the importance of an intersectional understanding of sexual violence, throughout this initial literature review I use the language and the demographics outlined by the original authors. In the research methods and throughout the dissertation, I aim to use language to distance from the gender binary and to be more inclusive of all individuals marginalized by gender.

Sexual Violence Explained

There is contention among scholars in counting incidences of sexual violence. Many prevalence statistics indicate that one in four or one in five college women experience sexual violence. Muehlenhard and colleagues (2017) summarize that those critics argue that rape is the only form of sexual violence that is odious enough to cause devastating psychological consequences and criminal prosecution. These critics argue that rape should be the only form of sexual violence counted within prevalence statistics and that including other instances of sexual violence is exaggerated, reactionary, and alarmist. The opposing argument is that limiting experiences to rape, and rape only, devalues the individuals that encounter other forms of sexual violence (Muehlenhard et al., 2017). These opposing critics argue that dichotomizing sexual violence into levels of perceived severity and criminality perpetuates rape myths and the patriarchal understanding of gender-based sexual violence. This influences how individuals access support, report their violence experiences, and stifle the court system from taking appropriate actions against offenders (Anderson & Overby, 2021; Spencer et al., 2017). Many forms of sexual violence other than rape are criminal and may be traumatic. Sociocultural settings such as norms, structures, and environment influence an individual's response to sexual violence rather than the perceived severity or form of sexual violence (Dworkin & Weaver, 2021). As such, I use the term "sexual violence" throughout this dissertation. Sexual violence is any attempted or completed act to obtain sexual conduct that is unwanted by the victim; this includes stealthing,⁵ rape, attempted rape, sexual assault, coercion, and sexual harassment (World Health Organization, 2017).

Throughout this manuscript, I use the term "victim/survivor" to identify individuals that have experienced sexual violence, acknowledging that both terms have negative and positive

⁵ "Stealthing" is a term used for incidences where two parties agree to sexual intercourse with the use of protection (most often a condom), but then the protection is removed or intentionally damaged during intercourse (Davis, 2019). The United Kingdom, Switzerland, Sweden, Canada, and some states in the United States of America have criminalized stealthing. In some jurisdictions, it is a form of rape (Ebrahim, 2019).

consequences for the individual. For instance, the term “victim” is often associated with individuals that are weak or vulnerable, whereas the term “survivor” is associated with an individual that is strong and able to overcome the trauma they have faced (Papendick & Bohner, 2017; Thompson, 2000). However, the term “victim” for some individuals also emphasizes the pain they experienced and the innocence they lost from the assault and is sometimes associated with sympathy or empathy for the individual from others (Leisenring, 2011). Some individuals that have experienced sexual violence indicate that the term “survivor” may limit the ability for them to discuss the implications of the violence and to elicit the sympathy of others if required within their healing process because it alludes to something that has already been resolved (Thomson, 2000). Therefore, many individuals that have experienced sexual violence fluctuate between labelling themselves and their experiences as “victim” or “survivor,” a phenomenon that Thomson (2000) has described as the “victim-survivor-paradox” (p. 329). Thomson highlights that the use of both terms recognizes that the process of healing is “a dynamic one where identities, concepts and strategies change over time and across audiences” (p. 332). Rather than choosing a label for the participants, I use the term “victim/survivor” to empower individuals to choose the term that they prefer and acknowledge that there are discrepancies in how individuals view and name their sexual violence as well as their own identities in association with the violence.

Rape Myths

Lonsway & Fitzgerald (1994) described rape myths as “attitudes and beliefs that are generally false but are widely and persistently held, and that serve to deny and justify male aggression against women” (p. 134). Since, Lonsway & Fitzgerald first described rape myths, the definition has surpassed the heteronormative to include a broader recognition of the myths associated with sexual violence. Specifically, the authors highlight rape myths that affect individuals with diverse gender identities and non-heteronormative sexualities (Mortimer et al., 2019); Black, Indigenous, and people of colour (BIPOC) communities (Razack, 2000); and men (Chapleau et al., 2008). The literature and examples of rape myths are extensive, but for the purposes of this research, some common rape myths are that rape (1) needs to cause bodily harm, (2) is only perpetuated by strangers, (3) needs to be life threatening, and (4) is caused by a individual’s dress, behaviour, and risk-taking activities (Baugher et al., 2010; Bondurant, 2001; Carmody & Washington, 2001). The perpetuation of rape myths influences how

victims/survivors disclose, accept, and validate their own experiences of violence and how individuals respond to disclosures of sexual violence.

The acceptance of rape myths by victims/survivors changes the way that individuals view their own experiences of sexual violence. Many women do not identify unwanted sexual experiences as sexual assault or rape (Peterson & Muehlenhard, 2004). Unwanted sexual experiences that meet the definition of rape or sexual assault are prevalent among women in post-secondary institutions, but often women do not label these experiences as such. Nonviolent sexual assault experiences and belief in rape myths are a few of the variables that hinder a woman from acknowledging rape experiences. For instance, women who believe in rape scripts are less likely to see their own situation as rape because the myths that they believe do not match with the complexity of their own personal experience (Bondurant, 2001; Peterson & Muehlenhard, 2004; Peterson & Muehlenhard, 2011; Vonderhaar & Carmody, 2015). The internalization of rape myths by society more broadly increased the propensity to blame victims/survivors of rape. Therefore, by accepting rape myths, society protects men from being accountable for the rape and denies victim/survivor injury, which tends to place blame on the victim/survivor (Baugher et al., 2010; Vonderhaar & Carmody, 2015).

Disclosure and Delayed Disclosure

Victims/survivors who disclose sexual violence to believers of rape myths are met with blaming, shaming, minimization, and disbelief (Allagia & Wang, 2020; Delker et al., 2020). This influences how victims/survivors internalize their own experiences and may include feelings of shame, fears of burdening others, and fears of receiving negative reactions if they do try to disclose their sexual violence (Ullman et al., 2020). The criminal and judicial systems tend to interrogate victims/survivors and dismiss their experiences, causing the act of disclosure to feel like a second rape (Madigan & Gamble, 1991) or secondary victimization (Campbell & Raja, 1999). Most victims/survivors do eventually tell someone about their experiences of sexual violence, usually weeks, months, or decades after in what is known as a “delayed disclosures” (Lanthier et al., 2018; Ullman et al., 2020).

Social media movements such as #metoo, #notokay, and #beenrapedneverreported provided opportunities for victims/survivors to share their stories of sexual violence, regardless of the length of time passed since the experience (Allagia & Wang, 2020; Mendes et al., 2018). “Hashtag feminism” is a term coined to describe movements, such as the ones previously

mentioned, that call out rape culture, provide space for victims/survivors to disclose, form communities for victims/survivors to express their beliefs, and provide spaces where the public can learn about sexual violence (Dixon, 2014; Mendes et al., 2018). Many individuals that share experiences of sexual violence within hashtag feminist movements do so long after the violence occurred, which means these movements have increased the instances of delayed disclosure (Allagia & Wang, 2020).

Theoretical Framework

The fact that there is dissension on how to characterize sexual violence prevalence alludes to the overwhelming complexity of research surrounding gender-based violence. Although complex, there are two prevailing theories of sexual violence that inform this work: that sexual violence is unequivocally a form of trauma and that sexual violence is a gendered crime. Ergo, this dissertation draws on the theoretical frameworks of trauma and feminist theories.

Trauma Theory

Trauma, simply defined, is the response to a threatening or disturbing event that may have a lasting psychological impact (van der Kolk, 2000). The psychological response to trauma is subjective and individual, although there are commonalities in responses to trauma (Herman, 1992/2015; van der Kolk, 2014). Feminist trauma theorists indicate that a broader view of trauma that connects personal experience to political and societal structures is required to understand sexual violence more thoroughly (Brown, 2004; Critelli & McPherson, 2019; Herman, 1992/2015). For example, Hunnicutt (2009) explains that patriarchy needs to be considered within the hierarchal systems that affect women and those marginalized by other factors: “Old dominate young, men dominate women, men dominate men, Whites dominate people of color, developed nations dominate developing nations, and humans dominate nature” (p. 543). Considering patriarchy in this hierarchal manner explains why patterns of sexual violence affect women and those marginalized by gender more than men as well as the patterns of violence associated with race, class, and age (Hunnicutt, 2009).

Feminist trauma theorists and therapists were integral in the current definition of trauma-related disorder due to their insistence that “traumatic experiences in the lives of women were not ‘outside the range of human experience’ as the DSM-III defined trauma, but rather so common as to be normative” (Brown, 1991, as cited in Brown, 2004, p. 464). These assertions

by feminist trauma theorists formed the basis for further conversations about reframing trauma within institutional spaces to better accommodate the experiences of marginalized genders (Critelli & McPherson, 2019; Herman, 1992/2015).

A discussion on trauma theory is incomplete without addressing trauma recovery. Trauma recovery commonly includes three fundamental stages: “Establishing safety, reconstructing the trauma story, and restoring connection between survivors and their community” (Herman, 1992/2015, p. 3). Within clinical interventions, trauma recovery actions are interventions and supports that assist a victim/survivor to improve relationships, increase life satisfaction, and improve overall health (Sinko et al., 2021).

Ensuring that systems, including post-secondary institutions and health systems, understand trauma-informed care is essential to recovery for sexual violence victims/survivors due to the complexities of disclosing sexual violence and of institutional rape culture. Although there are other systems of importance when considering sexual violence recovery, I focus on the two systems of post-secondary education and health care due to my own positioning and life experience, which will be touched upon in more detail later. Within the health care context, a trauma-informed model of care ensures that all practitioners understand the impact of trauma, vulnerabilities, and triggers on an individual’s trauma trajectory to ensure that service delivery does not exacerbate symptoms (Wilson et al., 2013). For example, procedures that restrain individuals may be problematic for individuals with a history of sexual violence (Reeves, 2015). To reduce stress and distress for patients, it is important that health care providers are consistent with trauma-informed principles. The core principles of trauma-informed care are safety; trustworthiness and transparency; peer support and mutual self-help; collaboration and mutuality; empowerment, voice, and choice; and cultural, historical, and gender issues (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014).

Within post-secondary education, the role of professors and administration regarding trauma-informed principles is less clear. Researchers discuss the implementation of survivor-centred responses, which aligns nicely with trauma-informed principles as it stresses the role, autonomy, and rights of the victim/survivor over the perpetrator and the institution (Rossiter et al., 2020; Woodward Griffin et al., 2017). What is happening within post-secondary education may be the opposite of what is required in trauma-informed practice. For instance, in the United States, Title IX reform makes universities responsible for addressing and preventing sexual

violence on their premises, whereas in Canada there is no federal legislation, but individual provinces have mandated post-secondary educational systems establish sexual violence policies and procedures (Cruz, 2021; Lee & Wong, 2019). This reform sounds promising; however, numerous problems exist with trying to ensure that the welfare of students who have experienced sexual violence are protected within the patriarchal, misogynistic, and neoliberal ideologies of post-secondary institutions (Cruz, 2021; Hurtado, 2021). Rather than providing trauma-focused, survivor-centred care, most institutions marginalize and misinterpret students' experiences, focusing on the public image instead (Cruz, 2021; Hurtado, 2021; Lee & Wong, 2019). More work is required to ensure that the spaces of higher education are trauma informed and survivor centred.

Feminist Theory

As mentioned, sexual violence is a gendered crime (Brownmiller, 1975; Burgess-Jackson, 2000; Cahill, 2001). Cisgender men do experience sexual violence. Still, this type of violence predominantly affects those marginalized by gender, including women, Two Spirit, trans, and gender nonbinary people (Coulter et al., 2017). The subjugation of those who identify as women through sexual violence is overwhelming (Doe, 2013; Sev'er, 2002). The disproportionate levels of sexual violence against women render this experience a pervasive threat that conditions women to protect themselves from the danger of the violence (Brison, 2008; Burgess-Jackson, 2000; Cahill, 2001). There are a wide variety of feminist theories of rape and sexual assault. For the purposes of this dissertation, I will be focusing on the following theories: rape as a patriarchal exhibition of power and control, rape as an embodied experience, and rape as an intersectional experience.

Rape as a Patriarchal Exhibition of Power and Control. Radical feminists, in the 1970s, redefined rape as a political act that preserves male domination and female subordination using power and control (Brownmiller, 1975; D'Cruze, 1992; MacKinnon, 1991; McPhail, 2016). The main objective of the radical feminist movement was to emphasize the violence associated with the act of rape as a political patriarchal display of power rather than a sexual act. To defend the argument, feminists used the comparison of the prevalence of rape cases against women to the cases of rape against men. The fact that men are biologically rape-able but women experience rape at a much higher frequency strengthened the argument that the act of rape was an expression of inequality, not biology (MacKinnon, 1991). Societal constructs of masculinity

and femininity reinforce the idea that women are rape-able and that men have the power to rape (Ristock, 2002). According to these theorists, patriarchal power exists because of the subordination of women within the system and all men use rape as the basic weapon of force and intimidation to keep all women in state of fear (Brownmiller, 1975; D’Cruze, 1992; MacKinnon, 1991).

A limitation within this theory is that women can be perpetrators of rape and men can be victims. Relying on a theory that states that rape is a patriarchal, violent expression of the domination of men over women completely negates the experiences of some people within society. This theoretical explanation of rape does not account for rapes that are committed against men or those individuals that are outside of heterosexual relationships (Donovan & Hester, 2015; McPhail, 2016; Ristock, 2002). Relying on the man as perpetrator and woman as victim/survivor paradigm stigmatizes any experience where a man is the victim/survivor of a sexual crime or the crime occurs through a nonbinary, non-heterosexual interaction (Stemple & Meyer, 2014). This ultimately maintains inequities, especially the unequal and gendered distributions of power and resources (Brownmiller, 1975; MacKinnon, 1991). Ultimately, even those men that are not directly instigating the violence are still reaping the benefits of the inequities through, for example, rape culture and reinforcing the gender binary.

Rape as an Embodied Experience. Due to shortcomings in the power and control theory, later feminists began to question this theoretical explanation of rape. Radical feminists, like MacKinnon, “place the phenomenon of rape squarely within the confines of so-called normal, but imposed, heterosexuality” (Cahill, 2001, p. 36). Disagreeing with Brownmiller’s (1975) assumption that rape is violent, not sexual, and MacKinnon’s (1991) inference that rape is a construction of heterosexuality, feminists began to hypothesize that rape is a sexually specific embodied experience (McPhail, 2016). Cahill (2001) posits that

to assume that the realms of sexuality and politics are easily demarcated and separable is to ignore that the violence of rape is peculiarly sexual, that the sexuality on which the phenomenon of rape feeds is peculiarly violence, and that the complex relationship between the two cannot be reduced to one factor. (p. 27)

Theorizing rape as an embodied experience considers all the bodily meanings and effects of rape as well as the ongoing threat that rape instills on individuals’ lives (Cahill, 1998). Rape becomes

an assault on the subjectivity of an individual, and the experience of race, social class, and sexuality all shape this meaning and experience (Cahill, 2001).

Cahill (2001) argues “the rapist needs the destruction of the victims being in order to construct his being as a rapist” (p. 133). This description emphasizes that the perpetrator needs to overwhelm the victim/survivor’s personal agency with their own. Removal of their agency to act, speak, and move is the removal of their own personal power (Allen, 2002). In the act of rape, a perpetrator imposes their body and their will on the victim/survivor, rendering the victim/survivor’s will derivative to the rapist (A. Quinlan, 2017). Cahill (2001) describes this as the sexual paradox of rape: The perpetrator has sex with the victim/survivor, but the victim/survivor does not have sex with the perpetrator; the rape is sexual, but it is not sex. Rape is not only the physical result of sexual violation by an unwanted entity, but the embodied experience of rape is the destruction of an individual’s power, will, and autonomy (McPhail, 2016). The fundamental elements of human dignity, bodily integrity, and physical freedom cease to exist when a person is raped (Correa & Petchesky, 2014).

Rape as an Intersectional Experience. Considering rape within a theory of intersectionality surpasses the analysis on individual experience and considers how intersections of identity oppress, marginalize, and privilege individuals within society. Intersectionality arose from the Combahee River Collective in 1974 and Kimberlé Crenshaw in the 1980s. Black feminist theorists argued that they were excluded from the anti-racist movement as well as from traditional feminism that served the White middle class. This forced women with intersecting identities to choose between prioritizing gender violence or racial violence (hooks, 1984/2015; Smith, 2005). Women of colour, working class women, and women with diverse identities or sexualities found it impossible to see themselves in the ongoing rhetoric around sexual harassment and sexual assault, which was directed at White women, specifically White women of privilege (Crenshaw, 1991). Intersectionality considers that people experience privilege, marginalization, and oppression depending on their position within interlocking systems of power, such as gender, cultural backgrounds, geographical locations, socioeconomic status, religion, sexuality, ability, ethnicity, education, and income (Bowleg, 2012; Crenshaw, 1991; Donovan & Hester, 2015; Hankivsky et al., 2010): “Intersectionality analysis does not seek to simply add categories to one another (e.g. gender, race, class, sexuality) but instead strives to understand what is created and experienced at the intersection of two or more axes of

oppression” (Hankivsky et al., 2010, p. 3). When considering sexual violence in the context of intersectional experience, it is important to consider the institutions that continue to perpetuate privilege and oppression, which result in the unequal distribution of support as well as the increased risk factors for marginalized victims/survivors (Colpitts, 2021; Crenshaw, 1991). All discussions of sexual violence must understand and be contextualized by conversations about the ways in which institutions of power, such as patriarchy, misogyny, racism, ableism, and heterosexism, produce and frame experiences of sexual violence.

The Lasting Impact of Sexual Violence

The literature review on the lasting impact of sexual violence focused on individuals that had experienced sexual violence in post-secondary institutions, and I used health and social science journals in the review (see Appendix G for an overview of the manuscripts included in this literature review).

Psychological Impact

Research finds a strong association between sexual trauma and future mental health and wellness difficulties, including post-traumatic stress disorder (PTSD) and substance use (Amstadter et al., 2011; Bartoi & Kinder, 1998; Brown et al., 2009; Clum et al., 2000; Combs et al., 2014; Culbertson et al., 2001; Davidson & Gervais, 2015; Draucker, 2001; Franklin, 2010; Neilson et al., 2017; Peter-Hagene & Ullman, 2015; Reis et al., 2017). Many survivors of sexual assault report overwhelming feelings of self-blame and shame over their experiences (Padmanabhanunni & Edwards, 2016; Reis et al., 2017). In addition, the social reaction of outsiders to a woman’s disclosure of sexual assault and rape influences the long-term effect of the woman’s experience (Orchowski et al., 2013). Social reactions that are either coercive or controlling in nature are associated with higher symptoms of post-traumatic stress, depression, and anxiety (Orchowski et al., 2013). Social reactions that are blaming in nature are associated with women experiencing lower levels of self-esteem and less engagement in problem-focused coping mechanisms (Orchowski et al., 2013). Specific to post-secondary education, there is evidence that individuals that experience sexual violence will have unique disruptions that influence academic performance, such as a reduction in GPA, campus activities, and interactions with male professors and colleagues as well as an overall change in education and career goals (Stermac et al., 2017).

Physical Impact

Research demonstrates that adult women with a history of sexual violence have less satisfying sexual relationships than women that have never experienced sexual assault (Bartoi & Kinder, 1998; Neilson et al., 2017). Bartoi & Kinder (1998) examined the effect of both childhood and adult sexual assault on adult sexuality. They determined that contradictory to previous hypotheses, the stage of life that the sexual abuse occurred in did not have an impact on the long-term effects of the abuse. Sexual abuse in all stages of life affects a woman's sexuality, including anorgasmia, vaginismus, sexual avoidance, sexual dissatisfaction, sexual noncommunication, and nonsensuality (Bartoi & Kinder, 1998).

Zerubavel & Messman-Moore (2013) explored sexuality, sexual assertiveness, and sexual power in women with a history of sexual abuse and women without a history of sexual abuse. By looking at factors such as sexual powerlessness and cognitive emotion dysregulation, the authors were able to determine issues associated with sexual assertiveness. Women that had experienced sexual assault indicated a greater fear of sexual powerlessness, more difficulty with cognitive emotion dysregulation, lower sexual assertiveness, lower sexual agency, and higher sexual compliance. The authors conclude that awareness of these important factors is extremely important when discussing interventions and risk-reduction programs. For instance, integrating sexual assertiveness and risk appraisal within prevention programs may increase women's sense of self-efficacy. However, the researchers also caution that the messaging needs to ensure that victim blaming does not occur and that messaging is centred on the fact that sometimes sexual assertiveness is helpful in certain situations.

Safety and Security

After an experience of sexual violence, there is a change in a woman's perceived sense of safety (Culbertson et al., 2001; Donat & Bondurant, 2003; Draucker, 2001; Franklin, 2010; Messman-Moore & Brown, 2006; Spohn et al., 2017). Culbertson, Vik, and Kooiman (2001) determined that the place of the assault, the perpetrator, and the type of assault all greatly affect a woman's perceived sense of safety. For instance, women assaulted in their homes felt less safe in their homes, women assaulted outside their homes felt less safe in isolated public settings, and women who had experienced more than one incident of sexual assault had a lower sense of perceived safety at home and in interpersonal and public contexts (Culbertson et al., 2001). Women sexually assaulted by a loved one, friend, or an acquaintance had a greater sense of fear and a lower sense of perceived safety (Culbertson et al., 2001; Jeffrey & Barata, 2017). Draucker

(2001) identified that women who have an experience of sexual assault are in constant fear that they will be revictimized and are always trying to ensure their own safety through behaviours that they feel will minimize their risks. Some of these behaviours are looking over your shoulder, looking out for dangerous men, and seeking a safe spot (Draucker, 2001).

As mentioned, Draucker (2001) determined that women who have a history of sexual assault consistently use tactics to minimize their risk of revictimization. Likewise, Spohn, Wright, and Peterson (2017) posit moderate levels of fear are healthy because they may lead to protective behaviors that reduce the potential for future victimization. Contrary to these findings, there is a belief that women with a history of sexual violence have greater risk of revictimization (Donat & Bondurant, 2003; Franklin, 2010; Messman-Moore & Brown, 2006).

Sexual violence is a highly researched topic of study. There is a wealth of information in the peer-reviewed manuscripts and published books. The extent of the research historically and into the present day focused on sexual violence highlights the importance of this ongoing issue. Despite this wealth of research, there are remaining gaps that my dissertation aims to fill. For instance, I found a lot of quantitative information about the extent and effects of the lived experience of sexual violence experienced in post-secondary institutions but little qualitative research on the experiences of victims/survivors, how the violence impacts them long term, and how they coped through their trauma. In fact, of the 32 articles, only four were qualitative and two were mixed-methods studies. Lastly, there was a lot of research presented in journals such as *Violence Against Women* and *Interpersonal Violence* but a paucity of dissemination in nursing journals. By eliciting the retrospective experience of graduates from post-secondary educational settings with a history of sexual violence, we can determine how they coped through the trauma. Also, by targeting a psychiatric nursing and post-secondary audience with the manuscripts, this study aims to increase the knowledge base within these settings as they have potential to increase and provide more relevant supports for victims/survivors of sexual violence.

Methods

The primary research question is, what is the retrospective life experience of individuals marginalized by gender who encounter sexual violence in post-secondary education? The sub-question is: How can large institutions, specifically post-secondary and PMH nurses (in clinical, research, and education) improve the way they handle disclosures of sexual violence? The objectives of the research project are to document (1) the retrospective experience of women and

one nonbinary person with sexual trauma histories; (2) the impact of this trauma on the participants' current lives; (3) the impact of reporting the event to systems, including post-secondary institutions; and (4) the factors of resiliency that are present in the individuals that helped to ameliorate their experience. To answer the research question and meet the objectives, I used a trauma-informed qualitative research method with a feminist perspective.

Utilizing a trauma-informed perspective was important when answering this question to ensure the safety of research participants. My years of experience with sexual violence victims/survivors and my own personal trauma experiences guided me to ensure that all methods of research were empowering and not retraumatizing for the individuals that agreed to participate. Trauma-informed research acknowledges that research is a form of disclosure and more than just empirical data collection (Appelbaum, 2008). Conducting research in a trauma-informed manner recognizes the importance of ensuring all research activities are empowering and non-traumatizing (Goodwin & Tiderington, 2020). Specifically, researchers need to consider the concepts of safety; trustworthiness and transparency; peer support and mutual self-help; collaboration and mutuality; empowerment, voice, and choice; and cultural, historical and gender issues within all aspects of the research.

Positioning the Researcher

Integrating the feminist perspective into the research design centres the voices of participants, while simultaneously considering the systems of oppression that influence their experiences (Campbell & Wasco, 2000; Jaggar & Wisor, 2014; Ristock, 2002). Within this perspective, the process of reflexivity was crucial in all aspects of the research (Clarke & Braun, 2019; England, 1994). By positioning myself as a White, cisgender, heterosexual, university-educated professor who teaches in a PMH education program, as well as a registered psychiatric nurse with personal and professional experiences of sexual violence, I was able to reflect on my own understanding and experiences of sexual violence while simultaneously ensuring that the research participants' voices were prominent (Clarke & Braun, 2019). This reflexivity and knowledge of the phenomenon provided me with empathy and understanding for the victims/survivors' stories. Additionally, my years of supporting individuals with trauma histories provided me opportunities within the interviews to validate the participants' experiences, thoughts, and feelings. I feel that overall, integrating these methods of trauma-informed principles into the research protocols strengthened the narratives and provided support to

participants. Despite that, the personal experiences also caused challenges within the research project. As my own personal experience of sexual violence was similar to some of my participants experiences, I had to be sure to allow their voices and not my own to be prominent within analysis. Additionally, at a point within the research interviews, transcription, and analysis, the stories I were hearing were triggering, and I needed to work on self-care to ensure my own safety, which will be discussed in more detail later in this chapter.

Recruitment

The recruitment process for this research project was difficult and time consuming. To answer the research question, I wanted the retrospective experience, so I chose graduates from Brandon University from 1995 to 2005. The retrospective experience was important for this research question as it allowed the participants to reflect on the experience and the ways in which they had coped through the experience years after the event. The original procedures of the study included recruiting participants through a letter of invitation sent from Brandon University Alumni services, specifically to alumni that graduated between 1995 and 2000, and then a second letter to be sent to graduates from 2001 to 2005. The process to have this arranged through Alumni services started in May of 2018. There were numerous levels of institutional procedures to try to navigate, emails back and forth, and constant amendments to the processes, but finally in November of 2018 I received the final approval from Alumni services to submit the ethics application. I received ethics from both Brandon University #22246 and University of Manitoba #HS22497 by the end of April 2019. While waiting for the final approvals with Alumni services, I created the other information required for the ethics application, including the letter of invitation, the research participant information and consent form, the interview guide, the demographic questions form, and the self-care brochure. The final versions of these documents are attached as appendices (A, C–F).

Intersectionality, feminist theory, and trauma-informed principles framed the research documents. I discuss how I implemented these principles in more detail in *Manuscript #1: Methods Matter*, but examples of the process are in the letter of invitation, the research participant information, and the interview guide. The letter of invitation specifically invited individuals with a history of exclusion from research (Goodwin & Tiderington, 2020) by stating

I want to hear from you if you feel that you had an experience of unwanted sexual activity regardless of the circumstances. I am hoping to hear from anybody who has had

an experience of unwanted sexual activity in order to understand the impact of sexual trauma more completely. If you identify as Caucasian or a person of color, Black, Asian, African, South Asian, South America, Hispanic, Indigenous, First Nations, Inuit, Metis, any nationality, race or culture, I want to hear from you. If you are heterosexual or a member of the LGBTT2S+ community, I want to hear from you. If you are a person of ability or a person with a disability, I want to hear from you.

Additionally, the research participant information and consent form included an integral concept in trauma-informed theory, empowerment, voice, and choice. Specifically, the informed consent form allowed participants the opportunity to make choices about their involvement in member checking, whether they wanted research materials shared with them, and the name they would like use in manuscripts to identify their narratives. Lastly, the interview contained important elements of trauma-informed theory and feminist principles—for instance, the participants received the interview questions in advance, none of the questions asked them directly about their sexual violence experience, and I used active listening, empathy, and compassion to guide and respond to the participants in all interactions, as mentioned in the section *Positioning the Researcher* on reflexivity (Campbell et al., 2019).

Alumni services sent the first recruitment email to all the alumni in June of 2019, and a month passed with no potential participants. Alumni services reported back to me that the first email was sent to 214 alumni, that there was an open rate of 41.6%, that 24 people clicked on the letter of invitation, and that one person unsubscribed. They delivered the second email to 173 recipients on July 9, 2019; it had an open rate of 30.6% and 15 people clicked on the letter of invitation. The second call-out recruited two participants. Considering the second letter was my recruitment back-up plan, I needed to rethink my recruitment strategy and decided that I needed to get posters up around the community and some ads on social media platforms. I amended the ethics application in August of 2019 to include graduates from Assiniboine Community College in addition to Brandon University and expanded graduation dates from 1990 to 2010. I added the recruitment option of posters, newspaper ads, and social media accounts. The original poster (Figure 1) went through a few rounds of revisions to highlight my desire for diverse participation (Figures 2 and 3; Appendix B). I relied on my community connections to get the poster spread across Brandon; it ended up in bathroom stalls in all of the local coffee shops, many of the local community-based service centres, change rooms in local boutiques, and in every single bathroom

stall in the Keystone Centre on the weekend before a farming symposium. I formatted one of the posters for Facebook, added it to local Brandon pages and put an advertisement in the local *News in a Minute* community newspaper. Even with all that publicity, I was struggling with recruitment. By the beginning of October in 2019, I had only completed five interviews. I made one last attempt and amended ethics once again, this time expanding the recruitment area to University of Manitoba and adding Zoom technology as a method of conducting interviews. Then, on January 9, 2020, after almost six months of changing ethics applications and shifting my strategies, one of the producers of CBC Radio came across my advertisement in the *News in a Minute* community newspaper and invited me to a morning show to talk about the research. Around the same time, *The Brandon Sun* picked up the story, and by February 2020, I had conducted all 10 interviews. The specific focus on individuals that had experienced sexual violence while in post-secondary educational institutions from one geographical setting provided a narrow aim for the research in which 10 participants were a legitimate sample size. Braun and Clarke (2022) indicate that when utilizing reflective thematic analysis “sample size alone is not the only factor at play” (p. 211) rather researchers should rely on the richness of the data and whether the data addresses the research questions. Within this study, the strong dialogue and rich detail provided by the participants enabled enough data from ten participants to successfully answer the research questions (Malterud et al., 2015).

Figure 1: Recruitment Poster Version #1

Have you experienced Sexual Trauma or Violence?

"If you graduated in 1995 to 2005 from Brandon University you may be eligible to participate in a research study."

This research project is looking at the impact of sexual assault on University Women.

In particular, I am interested in hearing about how women who have been sexually assaulted while in university have coped over the years following the incident.

I want to hear from you if you feel that you had an experience of unwanted sexual activity, regardless of the circumstances while in University. I am hoping to hear from anybody who has had an experience of unwanted sexual activity in order to understand the impact of sexual trauma more completely. If you self-identify as Caucasian or a person of color, any nationality, race or culture, I want to hear from you. If you are heterosexual or a member of the LGBTQTT2S+ community, I want to hear from you. If you are a person of ability or a person with a disability, I want to hear from you.

If you are interested in taking part in this study, you will be asked to complete one in-person interview.

Location

- The interview will occur in a location of your choosing.
- A private, quiet office at Brandon University can be arranged if you prefer.

What will you need to do?

- Each interview will take approximately 2 – 3 hours – allowing time to get to know the researcher before and to debrief after.
- You will receive a \$20 gift card as a gesture of appreciation for participating.

Are you eligible?

- Did you graduate from Brandon University in 1995-2005?
- Have you had any experience of unwanted sexual activity?

If you are interested in participating or have any questions about the risks or benefits please call or email Camille Waddell:

waddellc@brandonu.ca
(204) 727 7404

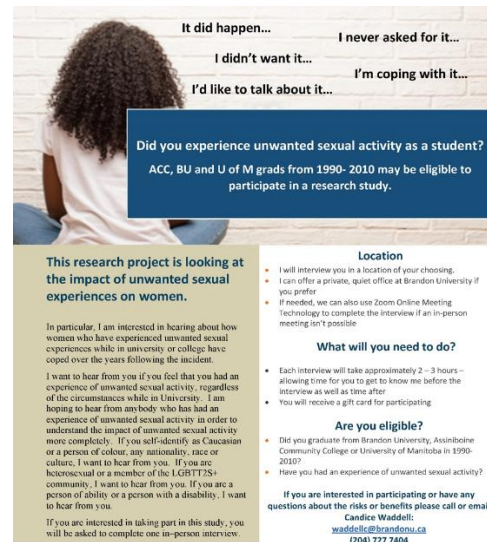
BRANDON UNIVERSITY **UNIVERSITY OF MANITOBA**

Figure 2: Recruitment Poster Version #2



July 30, 2019v2

Figure 3: Final Recruitment Poster



October 18, 2019v4

Participants

As mentioned, the process to reach the participants was extremely difficult, but the time and commitment put into the recruitment was rewarding. I ended up interviewing 10 individuals that self-disclosed an experience of sexual violence in post-secondary education, and they all graduated from post-secondary institutions in Manitoba between 1990 and 2010.

Retrospectively, the participants defined experiences of rape, attempted rape, and stealthing.

Two of the participants had endured sexual violence in childhood and then experienced a secondary victimization in post-secondary education, one of the participants had experienced sexual assault while in their late teens that continued into adulthood, and the other seven participants experienced sexual violence in post-secondary education. As mentioned previously, participants chose their own pseudonyms in the process of the research. Four of the participants decided that they wanted to use their own names, and one participant indicated that they did not want their demographics attached to their narrative or their pseudonym. The intent in collecting the demographic information was to conduct an intersectional analysis and delve into the oppressions that may have been influencing the narratives of participants. Research in sexual violence primarily focuses on those that benefit from power and privilege, so using a lens of intersectionality provides more diverse information for important research question (McCauley et al., 2019). The need to provide safety within the trauma-informed method took precedence

over analyzing and reporting on the intersectional analysis of the data, so the demographics describe the entire sample, rather than situating individual participants (see Table 1). I recognize that this is a shortcoming of the research, as intersectional analysis would have provided richer detail into the systems of oppression that affect individuals experiencing sexual violence, but as mentioned the safety of participants took precedence.

Throughout the recruitment efforts, I had been using the term “women” and making assumptions about pronouns typically associated with the gender binary. During analysis of the participant demographic information, I realized that those assumptions were faulty as one of the participants had identified as “female-ish.” I was unable to go back to that individual to ask them about their preferred pronouns, so throughout the manuscripts, I replaced the term “woman” with “individuals marginalized by gender” and use gender-neutral pronouns.

Table 1: Participant Demographics

Category	Participant Identification	Number of Participants
Gender	Female	9
	Female-ish	1
Age	30–39	6
	40–49	2
	50–59	1
	60–69	1
Race	Caucasian	6
	Indigenous	4
Highest Education	Diploma	4
	Undergraduate	4
	Graduate	2
Sexual Identity	Heterosexual	7
	Polyamorous	1
	Bisexual	1
	Queer	1
Marital Status	Domestic Partnership	2
	Married	3

	Divorced	4
	Separated	1
Current Employment *	Mother	5
	Educator	6
	Nurse	2
	Student	2
	Trade-Based Employment	1
	Non-profit Employment	1

* Two participants had employment roles that fell into more than one category; all categories mentioned by the participants are included in the table.

Data Collection

I conducted semi-structured interviews (see Appendix D) with all 10 participants. Most participants chose to meet in my private office in Brandon University, but a few preferred to meet over Zoom and one at their own private residence. The audio-recorded interviews ranged in length from 55 to 115 minutes. Each interview began with a pre-interview that consisted of an informal conversation to allow the participants a chance to get to know me as a researcher a little better and ended with a de-briefing (Campbell & Wasco, 2000). During the pre- and post-conversations, the tape recorder was off, and rather than recording the participants verbatim, I took field notes that summarized those conversations. At the end of the interview, the participant and I sat and talked informally and discussed the process of the research, suggestions for improvement, ideas about dissemination, and the participants' overall emotional state. Before they left the interview, I provided them a \$20 gift card for their time and a brochure that included ways to deal with trauma responses and resources available in the community (Appendix F). Member checking was an important part of data collection, ensuring transparency and trustworthiness; however, three participants declined involvement with the member checking process. The participants that chose to be involved in member checking received the interview transcripts, the fieldnotes from their specific interview, and the overall themes determined from the research study.

Data Analysis

Reflective thematic analysis of the data occurred through a six-phase process (see Table 2). This method of analysis was appropriate for this method of research because it recognizes

that it is not possible to remove the researcher’s experience and knowledge from the analytical process (Braun & Clarke, 2020). The first phase of reflective thematic analysis is familiarizing yourself with the data; this occurred through the process of transcription by listening and relistening to the interviews. As this was an initial phase of the analysis process, it was important for me to conduct transcription myself. Next, the second phase of the process is systematic coding, where I utilized NVivo software to identify 54 codes within the 10 manuscripts. I then read and reread the codes to develop the initial themes within Phase 3. Phase 4 and Phase 5, developing the themes and then revisiting the themes and naming the themes, occurred simultaneously until I felt the themes were properly identified and named. Once I had established the main themes, I sent those to the participants for member checking. The themes within Phases 3 and 4 fell into distinct topics that became the premise for three separate manuscripts, which I summarize in detail later in this chapter.

It is important to mention that the reflective thematic analysis, especially the process of familiarizing myself with the data by listening and relistening to the interviews while transcribing, was emotionally exhausting. The delays in recruitment provided reprieve for this exhaustion as it allowed me a chance to take a break in between the interviews. Kiyimba & O’Reilly (2015) outline the psychological impact of transcribing sensitive information and the onus of protecting the researcher from psychological harm through the transcription process. This is something that my thesis committee and I talked about on a regular basis; the emphasis of these conversations was methods to keep myself safe with the details of the trauma that I was hearing in the interviews and then again in the transcription process. The open and honest communication between my supervisor and myself and the added time to allow myself breaks were some of the steps that I took to allow myself the space to stay emotionally and psychologically healthy. I also increased contact with a local counselor that I see to process some of the emotions I was feeling by hearing the stories of my participants. The entire process reminded me of the importance of considering the impact of interviews on those that are listening and assisting with the research process to ensure that the appropriate protections are in place for them.

Table 2: Analysis Process

Analysis Phase	Ways the Phase Occurred
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Phase 1: Familiarization with the Data	<ul style="list-style-type: none"> • Listening and relistening during transcription • Member checking, which occurred after Phase 1
Phase 2: Systematic Coding	<ul style="list-style-type: none"> • Using NVivo software—I identified 54 codes from the 10 transcripts
Phase 3: Initial Themes	<ul style="list-style-type: none"> • Reading and rereading the codes and the field notes
Phase 4: Developing and Reviewing Themes	<ul style="list-style-type: none"> • Reading and rereading the themes from Phase 3
Phase 5: Refining, Defining, and Naming Themes	<ul style="list-style-type: none"> • Reading and rereading the subthemes from Phase 4 to develop the final themes • Member checking occurred after Phase 5
Phase 6: Writing the Report	<ul style="list-style-type: none"> • Developing topic groups—the themes from Phase 4 naturally fell into different topic grouping. These topics became the basis of the three distinct empirically based manuscripts. The methods manuscript included one of the themes and some of the field notes

Note. Adapted from Braun & Clarke (2020).

Overview of Manuscripts

Within the literature review, I have touched on the concepts that were integral in the development of this dissertation (see Appendix G). With the research questions, I address some of the gaps I found in the literature review by focusing on questions that addressed a multitude of topics including victims/survivors’ experiences, life since the incident, coping through sexual trauma, messages they would give other victims/survivors, and disclosure status (see Appendix D).

I have chosen to present this dissertation as a grouped manuscript or sandwich thesis. The structure of the manuscript thesis follows the rules outlined by the Faculty of Graduate Studies at the University of Manitoba (<https://umanitoba.ca/graduate-studies/student-experience/thesis-and-practicum/format-your-thesis-or-practicum>). Each subsequent chapter includes a manuscript for future publication focused on a specific part of the research project. The preface to each chapter includes information about the manuscript, including the overall topic, the authorship, any peer-reviewed presentation abstracts accepted from the material, and a suggested citation. The dissertation ends with a conclusion to summarize the entire project. Due

to the nature of the manuscript thesis, there is repetition in the chapters regarding common definitions, concepts, and the explanation of research methods. This project has helped me to think through some of the questions that arose in the Emily Doe v. Brock Turner case and the nuances surrounding the #metoo movement, but it has also raised many more unanswered questions that will fill a lifetime of scholarly activity and future research work.

Manuscript #1: Methods Matter: Integrating Trauma-Informed Principles into Psychiatric and Mental Health Nursing Research

The first manuscript is intended for a psychiatric mental health (PMH) nurse audience, and it outlines the processes of integrating trauma-informed principles into research. As trauma-informed principles are fundamental in psychiatric nursing practice, the fact that professions outside of the nursing sphere, such as social work and the social sciences, predominate the discourse around trauma-informed research is surprising. Specifically, the manuscript discusses in detail the process of applying trauma-informed core principles to each stage of the research. The responses from participants highlight the positive and the negative aspects of using this type of research design. The discussion emphasizes the importance of increasing the dialogue around the integration of trauma-informed principles in PMH nurse research to encourage safety for trauma victims/survivors within the research process. This manuscript fills a gap within the current psychiatric nursing literature by providing methods and context to integrating trauma-informed principles into research design.

Manuscript #2: The Lasting Impact: Reflections from Sexual Violence Survivors

The second manuscript focuses on the lasting impact of sexual violence through analysis of the qualitative narratives of the participants. This manuscript starts with the assertion that delayed disclosures are more common with the influx of social movements such as #metoo and #notokay because many individuals that came forward to share their stories of sexual violence did so years after the violence occurred. With new disclosures of sexual violence comes a growing awareness of the lasting effects and the requirement to take steps across the social and clinical spectrum to address and respond to victims/survivors' holistic needs. The themes of powerlessness, the internal struggle, forging new relationships, and the lasting trauma of sexual violence predominate the findings. Concentrating on the lasting impact of sexual violence legitimizes victims/survivors' experiences and deepens clinical knowledge of these impacts and associated needs. This manuscript, also intended for a PMH nursing audience, reiterates the need

for anti-oppressive and trauma-informed responses to disclosures of sexual violence, regardless of perceived severity or the extent of delay of disclosure.

Manuscript #3: Recognizing the Wrong: Survivors' Recollection of Naming and Validating Sexual Violence

Involvement in post-secondary education was one of the inclusion criteria for the research study. This inclusion criterion was strategic, as the impetus for the study was the Emily Doe v. Brock Turner case, outlined previously. I wanted to delve in deeper to the nuances of the lasting impact of the sexual violence experience and to determine how post-secondary institutions (and other systems) supported victims/survivors in their recovery. I wanted victims/survivors to talk about their retrospective experiences of disclosure and support, or a lack of support, from the institution. Surprisingly, although all victims/survivors experienced sexual violence while they were attending post-secondary institutions, none of them mentioned the post-secondary institutions in relation to their disclosures. As a large proportion of sexual violence occurs during the formative years when individuals are in post-secondary education, these settings are integral in the prevention and appropriate intervention. With my participants, the support of the institution was missing from their narratives. The findings of this manuscript explore the themes of naming, disclosing, avoiding, and validating sexual violence experiences while contextualizing those experiences within the policies, procedures, and messaging available to these victims/survivors at the time of their sexual violence experiences. The results of this analysis highlight a historical disconnect between how sexual violence is lived and the supports and resources provided from post-secondary institutions. A journal of higher education is the intended audience for this manuscript, because providing reflection into where post-secondary institutions have failed in policy and procedure in the past may provide direction on how these institutions can improve in the future.

Manuscript #4: The Healing after Hurt: Messages from Survivors of Sexual Violence on how to Recover and Cope

The final manuscript explores recovery theory in relation to sexual violence victims/survivors. Sexual violence is traumatic and can have lasting psychological and physical ramifications for victims/survivors. The recovery trajectories of individuals with sexual violence experiences are all unique; however, similarities in their messages on how to recover are apparent. Through their discussions, decades after the trauma, participants articulate the

messaging that they think is important for new victims/survivors of sexual violence to hear. The themes discussed are finding ways to talk about it, being in control of your own recovery, understanding your own worth, and getting through the self-blame and grief. This analysis provides insight into victims/survivors' recovery from sexual violence and resonates with recovery literature that emphasizes the importance of learning from those with lived experience. The intended audience of this manuscript is psychiatric and mental health nurses as recovery-oriented practice is a tenant of this profession but not focused within sexual violence experiences, more so in experiences of mental illness. The messages from participants may guide caregivers, service providers, and the public to inform responses to sexual violence disclosures.

Overall, the four manuscripts highlight the depth of the individual interviews from the 10 participants. It is important to note that throughout this introduction, I have been using language to articulate the background, processes, and challenges within this research study from my personal viewpoint. In the following manuscripts, I return to the traditional language used within health journals. I often refer to "we" to recognize the contribution of my thesis committee in conceptualizing research design, contributing to analysis, and providing editing and revisions for the manuscripts. For their contributions, thesis committee members will be recognized with co-authorship for the various manuscripts. Despite this traditional use of the pronoun "we," it is important to note that I wrote the first draft of each manuscript in entirety.

Chapter 2: Preface to Chapter 2

This chapter includes the manuscript “Method Matters: Integrating Trauma-Informed Principles into Psychiatric and Mental Health Nursing Research.” This manuscript explores the pre-existing literature and explains the application of trauma-informed research to the overall research study. Specifically, the manuscript provides an outline of integrating trauma-informed principles into research design and provides responses from participants that strengthen the need to include trauma-informed principles into sexual violence research.

Dr. Deborah McPhail, Dr. Christine Kelly, and Dr. Shawna Ferris were integral partners in informing research design and contributing ethical considerations of the project. This manuscript described the methodological process that resulted from those lengthy and detailed discussions. I conducted the literature review, analyzed the findings and wrote the first draft of this manuscript. Doctors McPhail, Kelly, and Ferris provided editorial feedback and manuscript revisions.

This manuscript has been prepared for submission to a peer-reviewed journal focused on psychiatric and mental health nursing and is intended for an audience of psychiatric and mental health nurse researchers. The abstract was accepted to a peer-reviewed national psychiatric and mental health nurse conference. The co-authors of the presentation (McPhail, Kelly, Ferris & Cohen) are recognized for their contribution to the research design and editorial contributions to the presentation.

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Method Matters: Integrating Trauma-Informed Principles into Psychiatric and Mental Health Nursing Research

There is an established link between trauma and life-long mental health issues that underscores the need to integrate trauma-informed care in psychiatric and mental health (PMH) nursing practice, policy, and education (Muskett, 2013; Reeves, 2015). PMH nurses recognize the importance of practicing in a trauma-informed manner, yet there is paucity of literature on integrating trauma-informed principles into nursing research methods (Voith et al., 2020). Most literature on trauma-informed research comes from professions and disciplines outside of the nursing sphere, specifically social work and social science (e.g., Campbell et al., 2019; Goodwin & Tiderington, 2020; Nonomura et al., 2020; Voith et al., 2020). Additionally, it has been identified that although many studies discuss trauma-informed research methods, a gold standard to guide this type of research does not currently exist (Jefferson et al., 2021). Increasing the dialogue around integrating trauma-informed principles into PMH nurse research encourages safety for trauma victims/survivors⁶ within the research process while also pushing systems to accommodate and recognize these principles more broadly within scholarly activities (Becker-Blease, 2017). The authors of this manuscript engage with literature from academic fields outside of nursing and apply the concepts of trauma-informed research and research as disclosure to a study looking at the retrospective experiences of sexual violence victims/survivors. By explaining the methods used in detail, referencing the available literature, and reflecting on comments made by participants, the authors explore strengths, conflicts, and boundary issues PMH nurses need to consider when integrating trauma-informed research methods into their own research practices.

Sexual Violence and Trauma

Trauma is the response to a threatening or disturbing event that may temporarily block an individual's ability to cope and may cause a lasting psychological impact (van der Kolk, 2000). Sexual violence is a form of trauma (Herman, 1992/2015; van der Kolk, 2014). We are aware of the debates surrounding the definition and prevalence of sexual assault (Muehlenhard et al., 2017) but support the broader definition of sexual violence to ensure that all victims/survivors

⁶ The term "victim/survivor" represents individuals that have experienced sexual violence. The term is used to acknowledge that both "victim" and "survivor" have positive and negative consequences for those that have experienced sexual violence, referred to as the "victim/survivor paradox" (Thompson, 2000).

are acknowledged. The term “sexual violence” encompasses all acts or attempts to obtain sexual contact that are unwanted by the victim; this includes, but is not limited to, rape, attempted rape, sexual assault, coercion, and sexual harassment (World Health Organization, 2017). Some researchers argue that the lack of consistency in reporting and collecting information on sexual assault/sexual violence inflates the statistics (Muehlenhard et al., 2017). For instance, the well-known statistic that one in five or one in four women in post-secondary education will experience a sexual assault is contested. Muehlenhard and colleagues (2017) summarize that those that indicate the prevalence is overexaggerated do so because they believe the definition of sexual assault is too broad and that only serious offenses such as rape are heinous enough to elicit a traumatic response and therefore are the only form of sexual assault. The other side of the argument posits that limiting the definition of sexual assault to only rape devalues the experiences of some individuals, including individuals that experience attempted rape, stealthing,⁷ and unwanted touching. The latter argument highlights victims/survivors themselves have difficulty naming their own sexual assault experiences due to persistent rape myths⁸ that indicate what constitutes an “appropriate rape” or an “appropriate victim” (Baugher et al., 2010; Bondurant, 2001; Carmody & Washington, 2001). Additionally, there is potential for a trauma reaction caused by a completed rape to have the same physiological and traumatic response as an attempted rape because the psychological impact of sexual violence is an individual, subjective experience, and although there are similarities in trauma reactions, not all victims/survivors experience the exact same traumatic response (Herman, 1992/2015; van der Kolk, 2014). For those reasons, we use the broader definition of sexual violence within this research study. Utilizing the broader definition of sexual violence acknowledges and legitimizes all unwanted sexual acts and allows participants to make meaning of their personal experiences and psychological reactions. Assuming all sexual violence experiences have the potential to produce a traumatic response and implementing the appropriate trauma-informed principles broadly within systems, including research, minimizes the risk of retraumatizing survivors.

Trauma-Informed Principles

⁷ Stealthing occurs when an individual consents to sex with condom use, and the condom is removed or damaged purposely during sex (Davis, 2019).

⁸ Rape myths are social concepts that are learned culturally; they frame rape through misogyny and false beliefs (Baugher et al., 2010; Bondurant, 2001; Carmody & Washington, 2001).

The core principles of trauma-informed care are safety; trustworthiness and transparency; peer support and mutual self-help; collaboration and mutuality; empowerment, voice, and choice; and cultural, historical, and gender issues (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014). There is movement towards integrating these trauma-informed principles into numerous realms of health care service delivery in order to reorient practitioners to view maladaptive coping or trauma responses as distress caused by an external traumatic event rather than biological dysfunction (Champine et al., 2019; Voith et al., 2020; Yang et al., 2019). In nursing or mental health nursing, providing trauma-informed care begins with a sensitive inquiry into the patient's trauma history, ensuring that the patient can develop a trusting therapeutic relationship, maximizing the autonomy of the patient and minimizing distress for all processes (Reeves, 2015). The basic premise of a trauma-informed model of care is that practitioners understand impact of trauma on an individual's recovery and that organizations understand vulnerabilities and triggers of trauma survivors to ensure that service delivery provides support without exacerbating symptoms (Sweeney et al., 2018; Wilson et al., 2013). For example, individuals with a history of sexual violence may become distressed with procedures or examinations—for some this might be from the physical probing of breasts and genitalia, for others the distress may be caused by being told to relax or feeling restrained (Reeves, 2015). Ensuring that actions from health care providers are consistent with trauma-informed principles reduces the risk of causing distress for patients. In the context of PMH nursing, implementing trauma-informed care in all settings is not focused on specifically diagnosing or treating complex trauma, rather it is recognizing the potential for or presence of trauma and the impact on individuals to ensure that all practices are psychologically and physically safe (Isobel & Edwards, 2016). This includes the recognition of trauma in research and other forms of knowledge attainment and dissemination.

Research as Disclosure

Recovery after trauma commonly includes three stages: 1) finding safety, 2) establishing the personal trauma story, and 3) re-establishing a connection between the trauma survivor and the community (Herman, 1992/2015). Establishing a trauma story is one of the important elements of recovery for individuals that have experienced trauma; yet authors indicate that the process of research is often the first opportunity that victims/survivors have disclosed their trauma narratives (Appelbaum, 2008; Campbell et al., 2009; Hlavka et al., 2007). Therefore,

there is an understanding among feminist and trauma-informed researchers that research is a form of disclosure that requires researchers to respond as both interviewer and witness (Appelbaum, 2008). Victim/survivor reluctance to talk about sexual violence outside of the research process is often due to the fear of revictimization by those they disclose to. The terms “second rape,” “second assault,” and “secondary victimization” describe the lack of appropriate treatment and lack of action from helping professionals and systems about disclosures of sexual violence, including the blaming, shaming, and interrogation methods of the judicial and criminal systems (Campbell et al., 2001; Madigan & Gamble, 1991; Patterson et al., 2009). These negative reactions often make the victim/survivor feel as if they have been assaulted again within the systems that are meant to protect them and offer justice. Victims/survivors of sexual violence are hesitant to disclose their violence to legal, medical, and mental health systems because of an overwhelming concern that individuals within those systems will mistreat them or not believe them (Patterson et al., 2009). For this reason, the idea of treating research as a form of disclosure, especially in sexual violence research, is of utmost importance. Bearing witness to the disclosure and responding with patience and compassion is integral (Appelbaum, 2008; Campbell et al., 2009).

PMH Nurses and Trauma-Informed Research

Mental health nurses and practitioners are well-positioned to integrate and deliver trauma-informed care in response to disclosures of sexual violence because many individuals that request services in mental health environments have a trauma history (Cleary & Hungerford, 2015). Therefore, responding to disclosures of sexual violence within the research process would equally be suited to the PMH nurses’ skill set and expertise. However, as mentioned, there is a paucity of literature about trauma-informed research in PMH nursing. Building the literature on trauma-informed research methods within PMH nursing encourages PMH researchers to consider the tenants of trauma-informed research within their own work and share experiences of using these methods broadly within academic systems. Previous work has indicated that sexual violence survivors who participate in research often state that they would be willing to participate again, indicating the experience is often positive (Griffin et al., 2003; Hetzel-Riggin, 2017; Legerski & Bunnell, 2010). Nevertheless, ensuring that sexual violence research continually adapts to ensure the safety and minimum impact for victims/survivors is an ongoing commitment of scholars in the field (Campbell et al., 2019). To provide example of how trauma-

informed feminist methods can be integrated into PMH nursing research, the next sections of this manuscript will explore the methods used, reflect on participant experience, and discuss some of the challenges and boundary issues that need to be considered when conducting this form of research.

Stages of the Research Process

Trauma-informed qualitative research with a feminist perspective framed this research to answer the following question: What is the retrospective experience of individuals marginalized by gender who encountered sexual violence in post-secondary education? Table 3 outlines the stages of research and the corresponding core principle of trauma-informed care considered (Murray, 2018; SAMHSA, 2014; Voith et al., 2020). The remainder of the stages of research process section explains this table in more detail. Ethical approval was required and sought from the University of Manitoba Health Research Ethics Board and Brandon University Research Ethics Committee prior to the research commencing.

Table 3: Trauma-Informed Strategies

Stage of Research	Core Principle Considered
Recruitment	<ul style="list-style-type: none"> • Cultural, historical, and gender issues
Informed Consent Form	<ul style="list-style-type: none"> • Safety • Empowerment, voice, and choice • Trustworthiness and transparency • Peer support and mutual self-help
Brochure	<ul style="list-style-type: none"> • Peer support and mutual self-help
Pre-interview	<ul style="list-style-type: none"> • Safety • Trustworthiness and transparency • Collaboration and mutuality • Empowerment, voice, and choice
Semi-structured Interview Questions	<ul style="list-style-type: none"> • Safety • Trustworthiness and transparency • Cultural, historical, and gender issues
Interview	<ul style="list-style-type: none"> • Safety

	<ul style="list-style-type: none"> • Collaboration and mutuality
Post-interview	<ul style="list-style-type: none"> • Safety • Collaboration and mutuality • Peer Support and mutual help
Member Checking	<ul style="list-style-type: none"> • Trustworthiness and transparency • Collaboration and mutuality • Empowerment, voice, and choice

Recruitment

Individuals who graduated from three different academic institutions in the province of Manitoba between 1990 and 2010 and experienced sexual violence in university or college were the focus of recruitment. In recruitment, attention to cultural, historical and gender issues was important. The poster and the letter of invitation used the gender identity of “woman,”⁹ as sexual violence continues to affect women and other marginalized genders in higher proportions than men (Muehlenhard et al., 2017). Recruitment centred on individuals with post-secondary education experience as the statistics tell us that sexual violence occurs at high rates in universities and colleges in Canada (Stermac et al., 2017). Additionally, the graduation date ensured that the retrospective experience of participants was possible. The first author recruited participants in variety of ways, including letters of invitation sent from Alumni services, posters spread across the community, social media advertisements on university and community Facebook pages, local newspapers, and a provincial radio show. The language used within the letters of invitation and the posters encouraged diverse participation. For instance, the term “unwanted sexual activity” described sexual violence. This ensured that even if individuals did not associate their experiences as violent, they still felt welcome to participate in the study. Historically, women who have had experiences of sexual violence often have difficulty labelling their own experiences as violence or trauma because of the perpetuation of rape myths (Baugher et al., 2010). Additionally, research often underrepresents marginalized groups, so wording and imagery that represented a diverse population were used (Goodwin & Tiderington, 2020). The strategy to use inclusive and neutral language in all aspects of recruitment, as well as

⁹ The terms “woman” and “women” were used in all recruitment material for the reasons stated above. In the process of interviewing and collecting demographic information, one participant identified themselves as “female-ish.” Because of this, more gender-inclusive language including they/them pronouns are used throughout the remainder of this manuscript.

consideration of the cultural, historical, and gender issues associated with sexual violence, ensured that all peoples felt welcome to become engaged in the research and tell their story in a meaningful way (Voith et al., 2020). See Figure 4.

Figure 4: Recruitment Poster

It did happen... I never asked for it...
I didn't want it... I'm coping with it...
I'd like to talk about it...

Did you experience unwanted sexual activity as a student?
ACC, BU and U of M grads from 1990-2010 may be eligible to participate in a research study.

This research project is looking at the impact of unwanted sexual experiences on women.

In particular, I am interested in hearing about how women who have experienced unwanted sexual experiences while in university or college have coped over the years following the incident.

I want to hear from you if you feel that you had an experience of unwanted sexual activity, regardless of the circumstances while in University. I am hoping to hear from anybody who has had an experience of unwanted sexual activity in order to understand the impact of unwanted sexual activity more completely. If you self-identify as Caucasian or a person of colour, any nationality, race or culture, I want to hear from you. If you are heterosexual or a member of the LGBTQ2S+ community, I want to hear from you. If you are a person of ability or a person with a disability, I want to hear from you.

If you are interested in taking part in this study, you will be asked to complete one in-person interview.

Location

- I will interview you in a location of your choosing.
- I can offer a private, quiet office at Brandon University if you prefer.
- If needed, we can also use Zoom Online Meeting Technology to complete the interview if an in-person meeting isn't possible.

What will you need to do?

- Each interview will take approximately 2 – 3 hours – allowing time for you to get to know me before the interview as well as time after.
- You will receive a gift card for participating.

Are you eligible?

- Did you graduate from Brandon University, Assiniboine Community College or University of Manitoba in 1990-2010?
- Have you had an experience of unwanted sexual activity?

If you are interested in participating or have any questions about the risks or benefits please call or email
Candice Weddell:
waddellc@brandonu.ca
(204) 727 7404

BRANDON UNIVERSITY
 UNIVERSITY OF MANITOBA
October 18, 2019v4

Informed Consent Form

The informed consent form is a standard requirement in most research ethical approval boards when conducting research with human participants. Clear articulation of the research, research question, risk and benefits, confidentiality, and contact information of the researchers is common practice. The consent form within this study surpassed common practice to include trauma-informed principles. First, the informed consent form had elements of empowerment, voice, and choice by confirming permission for the researcher to quote participants directly, their preferred pseudonym, the level of involvement they desired in member checking, and whether they were interested in a copy of final manuscripts and reports.

Providing information about the risks and benefits within the informed consent form is, of course, common practice in research design and is required for research ethic boards. Often missed are the protocols to support participants that become upset during research, which is an essential aspect of trauma-informed research (Jaffe et al., 2015). For this reason, the informed consent form outlined the safety and support features embedded into research protocol. The first

author informed participants that 1) debriefing, without the researcher recording the conversation, would occur after the research questions; 2) the interview could be stopped or paused at any time in the process; and 3) there were multiple local options for aftercare. The care of the participants included providing a space for them to debrief and gather their thoughts. The first author explicitly offered resources, including contacting a loved one or a support person or connecting the participants to the local crisis line. Lastly, the first author told participants that if they were unable to drive after the interview, they would be provided with either a taxi chit or a bus pass to ensure that they made it home safely. The informed consent form also included the phone numbers for local crisis lines in case the participant wanted access to them after leaving the interview. Normalizing the processes of support offered and providing additional resources for individuals reiterated the importance of peer support and mutual self-help. Ensuring that the participants were aware of the elements of safety embedded in the research, maintained trustworthiness and transparency in the research design (Voith et al., 2020).

Pre-interview, Interview, and Post-interview

The researcher incorporated numerous trauma-informed principles into the pre-interview, interview, and post-interview (see Table 1). As mentioned, the participants received the informed consent form and individual interview questions prior to the interview, supporting the need for safety, trustworthiness, and transparency. The first author invited participants to alter the questions or identify questions that they did not wish to discuss prior to the individual interview; this ensured collaboration, mutuality, and safety within the research design. In addition, providing participants access and ability to adapt or omit questions empowered them to be active within the research process and challenged the typical power dynamic between researcher and researched (Nonomura et al., 2020). Participants were also empowered to decide how, when, and where they would like their interview conducted. Most of the participants chose the first author's office on the university campus. Two of the participants chose Zoom technology, and one participant chose to be interviewed in their personal home. Choice in how individuals participate in research, including virtual platforms, provides participants more control over the process, allows participants to have a say in the research environment and ensures that research meets participants'—rather than researchers'—needs (Clarke & Braun, 2019).

When the first author's office was the chosen location for the interview, the first author provided participants some time to get used to the space and make themselves comfortable while

the first author went to another room to get the participant a hot or cold beverage of their choosing. Each interview, regardless of location, began with an informal conversation. The focus of this conversation was to allow the participant time to get to know the first author and to, as much as possible, develop a trusting relationship with her. Included in that discussion was self-disclosure from the first author about her own experiences with sexual violence and the rationale for starting the study. This information was provided to participants to help lay the groundwork for the trusting relationship and to also provide indication that it was a safe space to disclose. Once the participant indicated that they felt they were ready, the interview began, and recording started.

To reduce the hierarchy between interviewer and interviewee, the researcher used feminist interviewing techniques, such as engaging in mutual dialogue, normalizing experiences, and paying close attention to the participants' emotions throughout the interviews (Campbell et al., 2010). Normalizing experiences occurred through confirming responses from the interviewer. When a participant showed strong emotions in the interview process, this was also normalized, questions ceased, and the interviewee was provided with reassurance and support. Interview questions did not excessively probe the participant to share things they might not want to share by the interviewer reminding interviewees throughout the process to only share what they felt comfortable sharing (Goodwin & Tiderington, 2020). Semi-structured interview questions allowed the participant an opportunity to share their own ideas, thoughts, and memories in their own words rather than in the words of the researcher (Rinehart & Yeater, 2011). The questions included asking about the individuals' current lives, the coping mechanisms they employed, reflections about the impact of the event, and thoughts about the support that other victims/survivors require.

Post-interview, the first author engaged in an informal conversation with participants, which was not recorded. The debrief included discussions about the participants' feelings about the research process, any suggestions they had to improve the process, ideas about dissemination, and participants' overall emotional state. Debriefing is an important part of trauma-informed, anti-oppressive interview practice that ensures participants are not left triggered and unsupported after unearthing their trauma histories for the length of the interview (Ellsberg & Heise, 2005). If participants appeared triggered, the debrief included reassurance and continued conversation until the participant appeared and indicated that they were feeling alright. All participants

received a \$20 gift card from a local store of their choosing for their time and a brochure with ways to deal with trauma responses and support services. The first author created the brochure and had it peer reviewed by two university peer counsellors, the sexual violence coordinator, and three experts on feminist principles, trauma, and care from two different universities. Resource sheets provided to participants within trauma research are often minimal with inadequate information about services, so peer review ensured the brochure contained adequate and fulsome information for participants (Nonomura et al., 2020). The brochure highlighted local services and provided information to normalize the need for support and provide options for care, if it was required (Newman et al., 2006). See Figure 5.

Figure 5: Self-care for Survivors of Sexual Violence Brochure

You are not alone

Reach out if you are unsure, have questions, or just want to talk.

On-campus support

Brandon University offers supports to members of the campus community during all normal business hours.

Sexual Violence Education Prevention Coordinator
Office: 227 Health Studies Building
Phone: 204-727-7498
Email: NavidC@BrandonU.ca

Student Services Personal Counsellors
Office: 102 A.E. McKenzie Building
Phone: 204-727-9785 to schedule an appointment

Remind yourself

- It was never your fault
- Whatever your reactions, they are normal
- Many people don't tell anybody for many years
- Most perpetrators of rape or abuse are known to their victims
- You are not alone...
And there is support

Resources in Brandon and Westman

Many supports are available in the area at any time of the day or night.

Klinik Sexual Assault Crisis Line (24/7)
1-888-292-7565

Women's Resource Centre
thewomenscentrebrandon.com

Westman Crisis Services
Mobile Crisis Unit (24/7)
204-725-4411
1-888-379-7699

Manitoba Suicide Prevention and Support Line (24/7)
Crisis Line: 1-888-322-3019
Suicide Line: 1-877-435-7170

First Nations & Inuit
Hope for Wellness Help Line (24/7)
1-855-242-3310

Trans Lifeline (24/7)
1-877-330-6366

Farm, Rural & Northern Stress Line
1-866-367-3276



Self-Care for Survivors of Sexual Trauma



How do people respond to sexual assault?

All survivors suffer trauma in different ways. How you feel will depend on many things such as:

- The support you receive from family and friends;
 - The reaction of people you meet after the assault;
 - Your own past experiences with trauma.
- Some common reactions include: shock, denial, self-blame, shame, anger, anxiety, mood swings, self-harm, suicidal thoughts, changes in eating and sleeping.

If you have experienced sexual trauma ...

Medical care can address concerns around:

- Internal and external injury;
 - Sexually transmitted infections;
 - Pregnancy and emergency contraception.
- Depending on your location, a medical professional can collect evidence for a police investigation for 3-5 days after an incident. You can get medical care at your doctors, a hospital, a walk-in or an STI clinic at ANYTIME following a sexual assault.

Adapted from klinik.mb.ca

Self-care after trauma

Whether the sexual trauma occurred years ago or recently, self-care strategies can assist you to cope with short- and long-term effects.

Physical Self-Care

When you are coping with trauma it is important to keep your body healthy and strong. Think about the last time you felt really physically healthy and ask yourself the following questions:

- How were you sleeping?
- What type of foods were you eating?
- What type of exercise were you doing?
- Did you perform any specific routines?

Emotional Self-Care

Emotional self-care means different things to different people. The most important thing about emotional self-care is being in tune with yourself, and knowing what makes you feel grounded, calm and balanced. To help you decide what makes you feel that way, think about a time where you felt grounded, calm or balanced and ask yourself the following questions:

- What fun or leisure activities were you enjoying?
- Did you write your thoughts in a journal or a diary? Were you drawing, making music or using some sort of other creative expression?
- What supports were you using?
- Were meditation or relaxation a part of your regular schedule?
- What inspirational words were you reading?
- Who did you spend time with?
- Where did you spend your time?

Adapted from rainn.org/about-rainn

Coping with flashbacks, intense anxiety or panic

The following strategies are "grounding" strategies

- Get out of the situation, if possible
- Breathe deep breaths through your nose and exhale slowly through your mouth
- Call someone you trust and express your feelings to them
- Move around or engage in physical activity
- Focus on the simple objects around you. Many people find it helpful to go through the sequence of identifying: 5 things they can see, hear, smell
- Remind yourself of the current time, place, etc.
- Use positive self-talk in conjunction with slow breathing
- Ask yourself: "What is the most supportive thing I can do for myself right now?"

Adapted from womenscollegehospital.ca

Free phone apps

The Mindfulness App

Includes a 5-day guided meditation practice, reminders for when it is time to relax and other offers based on individual meditation habits. Free with trial

Headspace

A medication app that is perfect for people starting a meditation routine. Includes \$10 fee exercised as a trial that can help you learn about meditation and how you might apply it in your life.

Calm

Calm offers a wide range of guided meditations to help people to add more relaxation to their lives.

Demographics

Sexual violence disproportionately affects individuals marginalized by gender, race, sexual identity, ability, and socioeconomic status, so the collection of demographic information was important to fully understand the participant experience (Muehlenhard et al., 2017). To collect information about participant demographics, we created a demographic form that included age, gender, current employment, highest level of education, self-identified race, marital status,¹⁰ estimated household income, ability status, and sexual identity as well as information about the participants' parents and Canadian residence status. One participant was adamant that they did not want their demographic information tied to their narrative because they feared that they would be recognizable. We then decided to delink all demographic information from participant stories. A trauma-informed approach to research supports participant safety, and so, in this case, our need/wish to provide intersectional data analysis was less important than the protection of participant anonymity (Ellsberg & Heise, 2005). The form did not ask for the participant's name, and analysis of the forms occurred after the completion of all 10 interviews, so the researcher understood the demographics of the entire participant sample, not individual participants.

Ten individuals aged 30–69 with a variety of sexual violence experiences participated in this research project. Retrospectively they defined their experiences as rape, attempted rape, and stealing. Most of the participants indicated their gender was female,¹¹ and one individual identified as “female-ish.” They described their sexual identities as heterosexual, straight, polyamorous, bisexual, and queer. The participants identified as Caucasian and Indigenous. Four participants had university undergraduate degrees, two had university graduate degrees, and four had college diplomas; please see Table 4. Some participants chose to use their own names for reporting, others created pseudonyms that had meaning to them, and lastly a few left it to the researcher to create pseudonyms for them. Providing voice and choice to participants is an important part of trauma-informed methods and the simple act of allowing them opportunity to choose their own pseudonyms allows for this (Murray, 2018; SAMHSA, 2014; Voith et al.,

¹⁰ Marital status is a demographic that is often collected to review marriage trends and risk factors for sexual violence (Alkan & Tekmanli, 2021). In this research, due to the retrospective nature of the interviews, the participants reflected on their sexual violence experiences and how they felt it impacted their marriages or the relationships that they currently have with their partners. Additionally, one participant described marital rape as an experience they had while in post-secondary education.

¹¹ On the demographic form, all the questions were open ended, rather than check boxes, allowing the participants to write their own terminology. We have used the terminology used by participants to describe their identities.

2020). Additionally, a few of the participants told their stories of violence for the first time within this research project; the research opportunity allowed them to claim and share their stories while remaining anonymous.

Table 4: Participant Demographics

Category	Participant Identification	Number of Participants
Gender	Female	9
	“Female-ish” ¹²	1
Age	30–39	6
	40–49	2
	50–59	1
	60–69	1
Race	Caucasian	6
	Indigenous	4
Highest Education	Diploma	4
	Undergraduate	4
	Graduate	2
Sexual Identity	Heterosexual	7
	Polyamorous	1
	Bisexual	1
	Queer	1
Marital Status	Domestic partnership	2
	Married	3
	Divorced	4
	Separated	1

Member Checking

Member checking was an important part of ensuring trustworthiness and transparency in the research process; it is also a common process in determining trustworthiness in qualitative research (Mays & Pope, 2000). In trauma-informed research, member checking also provides opportunity for participants to discuss or reflect more intently on a topic that they do not

¹² On the demographic form, gender and sexual identity questions were open ended. We have used the participants’ terminology to describe their identities.

regularly speak about, which provides a richer data set. Additionally, providing the themes to the participants empowered them to determine if their stories were still apparent in the themes of the larger data set. The member checking process was not mandatory. Although most of the participants chose to be involved in member checking, some chose not to respond. The first author did not send follow-up emails to those few that did not respond, as it was important to allow participants the autonomy to choose their involvement in follow-up and not force the research relationship during member checking (Goldblatt et al., 2011). The first author continued to use trauma-informed principles to interact with participants during the member checking process. To reduce instances of triggering the participants, the email body was focused on pleasantries with a reminder that member checking is not a mandatory practice. Documents to be member checked were included as attachments so that participants could actively choose to open them rather than being forced to see them within the body of the email. Providing this choice is a way to empower research participants to be in control of the ways in which they are involved in the process (Goodwin & Tiderington, 2020; Nonomura et al., 2020).

Analysis

Reflective thematic analysis is an appropriate method of analysis in trauma-informed methods with a feminist lens because it recognizes that is not possible to remove researcher experience and knowledge from the analytical process (Braun & Clarke, 2020). The first author is a registered psychiatric nurse with extensive experience with trauma and trauma responses. Knowledge about trauma-informed practice and a personal trauma history helped the first author to develop the methods and ensure safety for participants. The first author used a process of reflection during all stages of the research process to reflect on her own positioning rather than trying to distance herself from the research process (Clarke & Braun, 2019). This reflective process was important, not only to maintain the integrity of the work but to also protect the researcher. The process of listening and relistening then reading and rereading that is important in reflective thematic analysis is also emotionally exhausting when the content is sensitive. Therefore, protecting the researcher from the psychological impact becomes paramount in this type of work (Kiyimba & O'Reilly, 2015). The first author had regular contact with the other co-authors and took frequent breaks while transcribing and analyzing the data to maintain emotional and physical health. This is an important aspect to consider in trauma-informed research to ensure participants and researcher are protected (Nonomura et al., 2020).

Reflections from Participants on Trauma-Informed Research Methods

The findings to the research question are beyond the scope of this article and are reported elsewhere (see Manuscript #2). Rather, this manuscript focuses on the integration of trauma-informed principles into research methods. To better understand the impact of integrating trauma-informed principles into research, we explore the participants' reactions to the research. Discussing the methods of research and providing opportunity for feedback empowers participants to be part of the research, allowing them opportunity to reflect on the positives and negatives and provide suggestions to improve the research process. This is a process recommended in feminist-informed research and in research projects that work with trauma survivors to promote better research (Hoover & Morrow, 2015). As mentioned, following each interview the participants discussed their thoughts about the research process with the first author. This was an important point of reflection for both the participant and the researcher. As mentioned, the participants were not audio taped in the debrief; the comments within the findings below are excerpts from the field notes summarized by the first author after the debrief and member checked by the participants.

Process Was Comfortable

Most participants felt the process of sharing their experiences of sexual violence through research was comfortable. Ellen, Zara, Britany, and Grace all indicated that talking about their sexual violence experience through the research process felt healing. For example, Ellen used the terms "validating, comfortable, and healing" (field notes) to describe the interview process. Britany had a different perspective on the interview; they described, "I feel that this was helpful to talk about, but I don't think I will ever talk about it again" (field notes). Jessica and Danika talked about how the design of the research questions and receiving the questions ahead of time helped them to be more comfortable with the process because they felt prepared. Jessica emphasized this by mentioning that "there were no surprises" (field notes). Joy, Grace, and Darlene all reiterated how they felt positive about the process because they felt that being involved in the research might help someone else in the future. Jessica also emphasized this by indicating she hoped the information gets out there because "there are a lot of people stuck in situations and unable to heal" (field notes). Danika also expressed that the process made them feel closer to the first author and that there was a certain connection now because of sharing through the research process. Danika also indicated that "the feedback and reassurance you gave

me along the way helped me to trust in the process and in you” (field notes). Specifically, Danika referred to the interview techniques that the first author used to validate the responses of the participants; for instance, “That is really, really good. You have mentioned a lot of things there that a lot of other women feel” (interview). Another example is the following: “I like that you said that it is an ongoing process. That is something that we all—there is no quick fixes for any of this stuff and baby steps is kind of important. So, thank you so much for sharing that” (interview with Danika). It became important throughout the research process for the interviewer to show empathy, validate experience, and provide reassurance while still maintaining balance to not impose their own beliefs or experiences in the interview.

Familiarity as an Element of Trust

After the interview, some of the participants discussed that familiarity with the researcher was an important part of making the decision to come forward to talk about their trauma. Britany and Ellen indicated that they volunteered for the research project because they knew the first author through community organizations and volunteer work. Dawn shared, “My sister knows you, so I felt it was safe to come and talk to you” (field notes). Danika admitted to googling the first author prior to agreeing to the interview so that they felt familiar with the researcher. Darlene and Joy both reflected that the radio interview made them feel comfortable and confident with the process because they were able to hear the first author discussing the research ahead of time.

Process Was Uncomfortable

Not all participants expressed the feeling of comfort. Dawn talked about how the process was not horrible but that it did not feel good to talk about the trauma. Dawn expressed “this did not feel good. I don’t know if it will ever feel good. The process of the interview wasn’t horrible, but it feels horrible to talk about it” (field notes). Interestingly, Dawn also indicated that they felt they came in blind because the files the first author sent ahead of time would not open, so they did not get a chance to look at the research questions or the informed consent form prior to the interview (field notes). Alex expressed ambiguity over the research process, indicating, “I’m not sure how I feel about the process. It takes me a while to process things, so I don’t know if I am going to feel better on or feel worse later on” (field notes). Knowing that participants had positive, negative, and ambiguous thoughts about the research process is important when considering research design and methods. By reflecting on what worked and what didn’t work,

trauma-informed researchers can improve their process to ensure that future research is more conducive to protecting and empowering participants.

Discussion

In this manuscript, we explore the trauma-informed research methods used in a project looking at the retrospective experiences of sexual violence survivors. By looking at the specific methods used and the responses from participants we can have a better understanding of trauma-informed research methods. Britany, Ellen, Dawn, Darlene, and Joy expressed a need to feel an element of familiarity with the researcher before they became involved in the research project. Hearing the researcher on the radio, googling the researcher, and lastly knowing the researcher personally or through peers all added an element of familiarity that made those participants feel more comfortable. Providing safety, trustworthiness, and transparency are elements of trauma-informed care that are essential in trauma-informed research processes (Voith et al., 2020). Promoting the research within recruitment to offer familiarity for participants was not an intentional element in the research design. All the instances that prompted participants to feel familiar with the researcher occurred intrinsically. Discussions about recruitment in health research do not often reference the need to establish familiarity to elicit trust within the interview process. The results of this research, and other research projects with marginalized groups discussing sensitive issues, provide rationale to include means for research participants to become more familiar with researchers in trauma-informed principles henceforth (van der Meulen, 2011; Weinreb et al., 2018). For example, in research with sex workers, the mantra is that research needs to move “from research on sex workers to research with sex workers” (van der Meulen, 2011, p. 1). Establishing this insider familiarity is often done by including members of the marginalized group in the research design. In the case of this current research study, the primary researcher has familiarity with trauma from sexual violence from years of working within mental health and also because she is a victim/survivor herself. Although this lived experience was not announced in advertisements for the research project, it was discussed with participants at the start of each interview to emphasize the researcher’s understanding and empathy towards the participants experience.

Another finding for consideration is that many participants commented that receiving the interview questions prior to the interview provided comfort. Preparing participants ahead of the interview by providing them the topics for discussion is a way to establish empowerment, voice,

and choice in trauma-informed research (Goodwin & Tiderington, 2020). There is debate within qualitative research as to whether supplying a full interview guide to participants prior to the interview provides “bias” in the response (Stanlick, 2011). We argue that providing the interview questions ahead of the meetings meets the important tenants of trauma-informed research safety, trustworthiness, and transparency, which alleviated uncertainty and allows full engagement of the research participant in the process. Providing the participants with the questions ahead of time ensures that they will not be surprised or traumatized in unexpected ways during the interview process. The fact that one participant, Dawn, indicated that they “came in blind” because they were not able to open the files ahead of time and that this caused them discomfort reiterates the need for this type of transparency in sexual violence research.

Experts within the field of trauma research reiterate the importance of gauging the level of distress that participants show during and after research to ensure that this is not becoming problematic to the individual (Jaffe et al., 2015). Empathetic listening, guided relaxation, and a knowledge of local resources are suggested interventions that researchers conducting trauma research should be aware of (Jaffe et al., 2015). Although the participants within this research project did not require guided relaxation, the first author is trained in how to perform the same and could have used that method if required by participants. The foundational knowledge that PMH nurses possess regarding trauma, mental illness, and mental health, in addition to their understanding of the therapeutic relationship, holistic approach, recovery orientation, stigma reduction, and advocacy for change (Graham et al., 2020), provide a foundation to integrate trauma-informed principles correctly. Considering the implications of trauma, being cognizant of minimizing instances within health research that could provoke trauma and taking simple steps to minimize power within the research ensure autonomy. At the same time, PMH nurses need to be aware and understand the rationale behind integrating trauma-informed decisions into research to ensure transparency and to not reinforce paternalistic, pathologizing structures and systems (Becker-Blease, 2017; Nonomura et al., 2020). Additionally, the boundaries between qualitative interviews and therapeutic interventions can blur (Dickson-Swift et al., 2006). To a certain extent, the blurring of the relationship is encouraged in feminist and trauma-informed research to minimize the power differential between the researcher and the researched and to ensure safety for participants (Campbell et al., 2010). Researchers should be acting in an empathetic and understanding manner, providing comfort and reassurance, and normalizing

reactions of participants to treat research as disclosure. In circumstances where the researcher also plays the role of caregiver establishing boundaries early in the research process ensures safety of participants after the research process is finalized (Dickson-Swift et al., 2006; Nonomura et al., 2020). Prioritizing the needs of the researched rather than the researcher through critical reflection to ensure the maintenance of ethics and boundaries is essential (Nonomura et al., 2020).

Lastly, many victims/survivors that become involved in the research process do this in the hopes that their stories will cause positive change (Campbell et al., 2010; Draucker et al., 2009; Hlavka et al., 2007; Newman et al., 2006). Researchers working on sexual violence initiatives should keep this motivation in mind when publishing and presenting their work on sexual violence. Ensuring diverse means for dissemination, through opinion pieces, public presentations, articles in local newsletters, infographic materials, and so forth, allows participants to see their stories contributing to the conversation of sexual violence in a meaningful way rather than just peer-reviewed manuscripts, which they may or may not have access to (Hanneke & Link, 2019). Moreover, it is essential for trauma researchers to engage more critically with policy makers and stakeholders to see their research endeavors influence policy and create real change (Jefferson et al., 2021). Including participants as co-creators in knowledge development includes giving them a chance to review themes to ensure they agree with the direction of the research. Additionally, providing participants opportunity to engage with the final dissemination projects, when they are interested, imparts them opportunity to be connected to the research in a more meaningful manner (Campbell et al., 2019).

Conclusion

This manuscript identifies strategies used within this research project to integrate trauma-informed principles into qualitative health research on individuals' experiences of sexual violence, and the findings indicate how participants react to some of these principles. Researchers should understand and use the trauma-informed principles to tailor strategies that fit the research question, methods, team, participants, and topic of study (Jefferson et al., 2021; Nonomura et al., 2020; Voith et al., 2020). The importance of understanding trauma, understanding the power structures that perpetuate and reinforce trauma within marginalized populations, and being attentive to how the individual research process may start to dismantle some of those power structures is crucial (Becker-Blease, 2017). If researchers do not have a

thorough understanding of these concepts, it might require teams to integrate knowledgeable experts within their research design to ensure trauma-informed principles are being upheld (Voith et al., 2020). PMH nurses could be one of the professions that offer that skill and knowledge. Nurses are the largest body of health care professionals, and PMH nurses have the knowledge and skills to take the role of integrating trauma-informed principles into a variety of health research platforms (Reeves, 2015). The time has come for PMH nurses to offer their expertise, engage in the discourse, and become leaders in integrating and discussing trauma-informed research in a more meaningful manner.

Chapter 3: Preface to Chapter 3

This second manuscript “The Lasting Impact: Reflections from Sexual Violence Survivors” discusses the findings on the lasting impact that sexual violence has on 10 survivors, all with differing experiences of sexual violence. This is an important topic within the current landscape as hashtag feminist movements such as #metoo and #notokay illuminated the extent of sexual violence, providing a platform for survivors/victims of sexual violence to realize and speak about their own experiences. Many of the individuals that came forward on social media did so with a delayed disclosure, years after the violence occurred. Additionally, experiences of sexual violence have a lasting impact on the mental health of victim/survivors and as a psychiatric nurse, I am well aware that healthcare can exacerbate sexual violence trauma when healthcare providers are not using trauma-informed, and victim/survivor centered practices to support individuals. Therefore, concentrating on the lasting impact of sexual violence legitimizes survivors’ experiences while simultaneously reiterating the need for psychiatric nurses to provide anti-oppressive and trauma-informed responses to disclosures of sexual violence, regardless of perceived severity or the extent of the delay of the disclosure.

Dr. Deborah McPhail, Dr. Christine Kelly, and Dr. Shawna Ferris informed research design. I conducted the research, analyzed the findings, and wrote the first draft of this manuscript. Drs. McPhail, Kelly, and Ferris provided editorial feedback and provided manuscript revisions.

This manuscript has been prepared for submission to a peer-reviewed journal focused on psychiatric and mental health nursing and is intended for an audience of psychiatric and mental health nurse researchers. The abstract to this manuscript was peer reviewed and accepted for presentation at Horatio, European Psychiatric Nursing Congress. The co-authors (McPhail, Kelly, and Ferris) are acknowledged for their work with revising and providing editorial feedback for the presentation and abstract.

Conference Acceptance:

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The Lasting Impact: Reflections from Sexual Violence Survivors

Depending on the source, one in four or one in five women experience sexual violence in post-secondary institutions, and many of these individuals suffer in silence. The recent #metoo and #notokay¹³ social media campaigns illuminate the extent of sexual violence globally by providing a space for individuals that have experienced sexual violence a venue to share their personal stories (Allagia & Wang, 2020; Mendes et al., 2018). These movements validate the spectrum of sexually violent experiences perpetuated by people in positions of power by challenging common rape myths¹⁴ that predominate ways of thinking within Western contexts (Ozkazanc-Pan, 2018). The #metoo and #notokay movements helped to deconstruct typical rape myth narratives that define sexual violence around perpetrator, space, and level of violence while simultaneously bringing sociocultural critiques into the mainstream, allowing for discursive action and social change (Dixon, 2014; Mendes & Ringrose, 2019). By opening this space, the #metoo movement enabled many victims/survivors¹⁵ to name, recognize, and share their own experiences of sexual violence—often as delayed disclosures long after the violence took place—and have those experiences validated by others (Alaggia & Wang, 2020). Additionally, the #metoo and #notokay movements increased opportunities for public education about sexual violence while simultaneously providing resources for victims/survivors (Kaufman et al., 2021). Regardless of whether sexual violence is disclosed immediately or years after the experience, it is important for health care providers to understand the impact of this type of violence in order to be able to provide appropriate support and resources. Through a trauma-informed qualitative research study framed in a feminist perspective, this manuscript explores the retrospective experience of 10 victims/survivors to highlight the lasting impact sexual violence has, reinforcing the need for psychiatric mental health (PMH) nurses to respond to all disclosures in an anti-oppressive and trauma-informed manner.

Definition of Sexual Violence

¹³ #Metoo and #notokay are considered a form of hashtag feminism or digital feminist activism. This form of activism allows individual voices to become part of a broader and larger collective voice, publicly on social media, that fights against sexism, patriarchy, and other forms of oppression (Mendes & Ringrose, 2019).

¹⁴ Rape myths are learned through popular culture and frame rape through false beliefs and misogyny (Baugher et al., 2010).

¹⁵ Throughout the manuscript, we use the term “victim/survivor” to describe the individuals experiencing sexual violence. Thompson (2000) indicates that both terms used individually have negative and positive consequences for individuals that have experienced sexual violence and has labelled this dilemma the “victim-survivor paradox” (p. 329). Advocate groups use the term “victim/survivor” to represent this continuum and empower individuals to use the term they prefer.

Feminist scholars and activists argue that rape myths exist because patriarchy privileges cisgender men's power, agency, and experiences over the experiences of those marginalized by gender. These myths objectify bodies understood to be female or nonbinary by perpetuating beliefs about male access to these bodies (Kunst et al., 2019). Rape myths influence the ways that those marginalized by gender understand and explain their own experiences of sexual violence while perpetuating the dichotomy between rape and all other forms of sexual violence (Muehlenhard et al., 2017). The public presence of #metoo and #notokay validated the forms of sexual violence not categorized as rape, such as sexual harassment and coercion (Allagia & Wang, 2020; Muehlenhard et al., 2017). We acknowledge that there are debates about how to define sexual violence (Muehlenhard et al., 2017); in this work we define sexual violence as all sexual acts that are unwanted by the victim/survivor, including but not limited to rape, attempted rape, sexual assault, exploitation, intimidation, coercion, and sexual harassment (Allagia & Wang, 2020; World Health Organization, 2017). Understanding the broader patriarchal systems that influence individual's experiences of naming and disclosing sexual violence provides PMH nurses opportunity to thoroughly understand the systems that influence and oppress those marginalized by gender, which enables them to respond in an empathetic, anti-oppressive and trauma-informed manner to disclosures of sexual violence.

Delayed Disclosures

Hence, it is of the utmost importance for society generally and clinical professionals very specifically to provide space for and to respond appropriately to delayed disclosure of sexual violence (Delker et al., 2020). Delayed disclosures are common amongst sexual violence victims/survivors because of the cultural complexities of sexual violence: victim blaming, shaming, minimization, and disbelief of victims/survivors stemming from the rape myths, heteropatriarchal norms, and cultural stigma associated with sexual violence (Allagia & Wang, 2020; Delker et al., 2020). These norms influence internalized beliefs of victims/survivors, including feeling ashamed, a fear of burdening others, and a fear of negative social reactions, which all influence victims/survivors' desires to disclose their sexual violence experiences (Ullman et al., 2020). Additionally, the systems of heteropatriarchy that dominate criminal and judicial systems cause the act of disclosure to feel like a second rape (Madigan & Gamble, 1991) or secondary victimization (Campbell & Raja., 1999; Campbell et al., 2001) minimizing victim/survivors' desires to report their sexual violence to authoritarian systems that tend to

interrogate and/or put them, not their attackers, on trial. Despite all these societal challenges with disclosing sexual violence, the research indicates that eventually the majority of victims/survivors do disclose to someone; albeit this may be weeks, months, or decades after the assault occurred and may never be the whole story (Lanthier et al., 2018; Ullman et al., 2020).

Psychological Impact of Sexual Violence

Despite the staggering statistics about the prevalence of sexual violence, the retrospective experience of survivors is vastly underexplored in qualitative research. The most common method of studying the impact of sexual violence is quantitative, close-ended surveys including analog behavioural observation questionnaires (Rinehart & Yeater, 2011). A significant amount of available research uses the sexual experiences scale (SES) and standardized measurement tools that diagnose mental illness such as PTSD, depression, and anxiety shortly after the sexual violence experience occurs (Brown et al., 2009; Caretta et al., 2016; Harned, 2004; Littleton & Henderson, 2009; Peter-Hagene & Ullman, 2015; Ullman et al., 2007). From these studies, researchers determined that individuals who experience sexual violence are at a greater risk of reporting poor health, including post-traumatic stress disorder, cognitive emotional dysregulation, physical symptoms, and depression (Caretta et al., 2016; Jeffrey & Barata, 2017; Ullman et al., 2007; Zerubavel & Messman-Moore, 2013). Quantitative research plays an important role in understanding sexual violence; that said, focusing solely on the quantitative data may limit the understanding of the phenomenon, as experiences need context (Rinehart & Yeater, 2011). Additionally, relying on data collected shortly after the experience will not capture the lasting impact of the trauma. With delayed disclosures of sexual violence increasing through hashtag feminism, there is a need to understand the retrospective experience of sexual violence as individuals reframe and name past experiences, long after the fact.

Methods

This study used trauma-informed qualitative research methods with a feminist perspective to answer the following research question: What is the retrospective life experience of individuals marginalized by gender who encounter sexual trauma in post-secondary education? Trauma-informed research considers that the research process is a potential place for testimony as well as a process of empirical evidence collection (Appelbaum, 2008). By reframing the research process as more than just data collection, the researcher engages with the participant in an empowering and non-traumatizing manner (Goodwin & Tiderington, 2020). A feminist lens

contributes to the research design by centring systems of power and oppression that intersect to produce a gendered violence, particularly against women and gender minorities (Brownmiller, 1975; D’Cruze, 1992; MacKinnon, 1991; Ristock, 2002), legitimizes the voices of victims/survivors and provides space for those voices to be sources of knowledge (Campbell & Wasco, 2000; Jaggar & Wisor, 2014). Additionally, understanding these complex social structures provides insight into why individuals stay silent about sexual violence and more importantly reiterates the responsibility that researchers take in being witness to the disclosures of sexual violence (Appelbaum, 2008). This study has ethics approval from the University of Manitoba Health Research Ethics Board (#H2019:025) and Brandon University Research Ethics Committee (#22246).

Participants

Criteria for participation in this study included self-disclosure of an experience of sexual violence in post-secondary education and graduation from a post-secondary institution between 1990 and 2010 in one Canadian province. The inclusion criteria ensured retrospective analysis because a minimum of a decade had passed since the participants’ experiences of sexual violence. Through the course of the research process, four individuals wanted to use their real names instead of pseudonyms, and one participant out of fear of recognition wanted their narrative shared separately from their demographic information. Trauma-informed methods took precedence over the desire to conduct an intersectional analysis of the data; therefore, demographics explain the entire study population rather than individual participants (Table 5).

Table 5: Participant Demographics

Category	Participant Identification	Number of Participants
Gender	Female	9
	“Female-ish” ¹⁶	1
Age	30–39	6
	40–49	2
	50–59	1
	60–69	1
Race	Caucasian	6

¹⁶ On the demographic form, gender and sexual identity questions were open ended. We have used the participants’ terminology to describe their identities.

	Indigenous	4
Highest Education	Diploma	4
	Undergraduate	4
	Graduate	2
Sexual Identity	Heterosexual	7
	Polyamorous	1
	Bisexual	1
	Queer	1
Marital Status	Domestic partnership	2
	Married	3
	Divorced	4
	Separated	1

Data Collection and Analysis Procedures

From a trauma-informed and feminist perspective, it was important for us to empower participants throughout the research because victims/survivors of sexual violence lose their personal power during the act of sexual violence (Beetham & Demetriades, 2007; Campbell & Wasco, 2000; Goodwin & Tiderington, 2020). It was also imperative to include numerous techniques to maintain participants' personal emotional safety (Goodwin & Tiderington, 2020). Participants received the informed consent form and semi-structured interview questions prior to the interview to enable them to prepare for the interview to avoid retraumatization, to ensure that they were comfortable with the process, and to reduce the hierarchy between the researcher and the researched (Campbell & Wasco, 2000). Another method used to provide empowerment, comfort, and support to participants was to provide flexibility in the location of the interview. Seven participants chose to conduct the interview in the primary investigator's private office, two participants requested interviews over Zoom technology, and one respondent requested that the primary interviewer come to their personal residence for the interview. All participants received a gift card of \$20 for participating in the study. The interviews ranged in length from 55 to 115 minutes. Each interview started with an informal conversation to allow time for the participants to get to know the researcher and develop a rapport (Campbell & Wasco, 2000). The main interview included questions about the participants' current lives and relationships, the impact of the sexual violence on their lives, what helped them to cope, their process of

disclosure, and their suggestions to people that have recently experienced sexual violence on how to heal. At the end of the interview, the participant and researcher went through a process of debriefing with the tape recorder off, which included providing supports and time for the participants to collect their thoughts after the interview. Speaking about sexual violence has the potential to be triggering for many sexual violence victim/survivors, so allowing this space ensures that if an interview is upsetting, participants are provided support, resources, and time prior to being left on their own. This time also provided opportunity for participants to reflect on the process and dissemination strategies. Lastly, participants received a brochure that included self-care strategies; information about coping with flashbacks, intense anxiety, and panic; and local resources.

The first author, Candice Waddell-Henowitch (CWH), transcribed all the interviews in lieu of the use of an outside transcription service to provide added confidentiality to those participants that may have been disclosing their experiences of sexual violence for the first time. Additionally, transcribing the interviews provides an intimacy with the data that is often not achieved by hiring a transcriptionist (Bird, 2005). Field notes documented the participants' expressed reflections from the debriefings as well as the personal thoughts of the researcher, CWH. Member checking allowed participants to validate their interview transcripts, confirm field notes from the debriefings, and provide reflection on the interpretation of the final themes of the research (Birt et al., 2016). Seven out of ten participants chose to member check their transcripts and the field notes, and all ten participants chose to receive the final manuscripts and reports. The primary researcher took precautions to minimize distress during the member-checking process by adding all research documents as attachments and keeping the body of the email focused on pleasantries and instructions. Additionally, if a participant did not send response to the initial email with the transcripts or themes, we did not follow up to ensure that researchers respected participants' wishes.

Reflective thematic analysis of the participant interviews occurred following the six-phase process, identified by Braun and Clarke (2020). Reflective thematic analysis was suitable for trauma-informed methods with a feminist lens, as it approaches "researcher subjectivity as a resource (rather than a problem to be managed)" (Clarke & Braun, 2018, p. ten7). Reflexivity ensured that the researcher's perspectives were not dominating the analysis, but qualitative researchers also recognize that it is impossible to separate researcher experience and knowledge

from the analytical process (Braun & Clarke, 2020). Completely disentangling the primary researcher’s personal education and experience was not possible; rather, the process of reflecting on positionality assisted the researcher to ensure that analysis centred on the participants’ experiences (Clarke & Braun, 2019). As such and in this spirit, it is important to note that the first author—who undertook all the research activities, including interviewing and analysis—is a White, cisgender, heterosexual, university-educated professor and PMH nurse with extensive experience with trauma and trauma responses. Her research centres on feminist, anti-racist, and decolonizing approaches that improve health care systems through understanding the lived experiences of people with histories of mental illness and trauma. Familiarity with trauma and personal experiences of trauma influenced how the primary research conducted the interview and tried to support the participants through the process.

The first phase of reflective thematic analysis was familiarization of the data, which occurred through the process of transcription, listening and relistening to the narratives (Braun & Clarke, 2020). Next, systematic coding of the ten transcripts using NVivo software identified 54 codes (Braun & Clarke, 2020; Ravitch & Carl, 2016). The first author developed initial themes from reading and rereading the codes and analyzing these codes with the field notes from the participant interviews. Topics emerged from these final themes that reflected on the retrospective lived experience of participants and provide insight for PMH nurses on the lasting impact of sexual violence, reiterating the need for trauma-informed and anti-oppressive care.

Findings

Participants provided a wealth of information about their personal experiences of sexual violence and the impact it had on their lives ten to thirty years out from the violence they experienced. This section begins with a description of the participants’ experiences of sexual violence and then discusses the themes and subthemes associated with the long-term impact of their sexual violence experiences (see Table 6). The themes reflected on within this manuscript are feelings of powerlessness, the internal struggle, forging new relationships, and the lasting trauma.

Table 6: Themes and Subthemes

Themes	Subthemes
Participants’ Experiences of Sexual Violence	
Feelings of Powerlessness	

Internal Struggle	Invisible pain
	Self-blame
	Shame
Forging New Relationships	Trusting again
	Searching for security
	Intimacy and sex
Lasting Trauma	Feelings of loss
	Lasting triggers
	Ongoing safety concerns

Participants’ Experiences of Sexual Violence

In alignment with survivor-centred, trauma-informed methods, the first author avoided direct or probing questions about the type of sexual violence experienced by participants (Goodwin & Tiderington, 2020). Even so, all participants chose to disclose their experiences to the researcher. At the time the violence occurred, the participants had difficulty labeling and recognizing the violence they had experienced and many of them attributed this to rape myths. The process of the participants’ labeling and recognizing their sexual violence experiences in relation to rape myths is beyond the scope of this manuscript and included elsewhere (see Manuscript #3). All the participants had varied experiences of sexual violence and retrospectively described their experiences as rape, attempted rape, and stealthing.¹⁷ Perpetrators were boyfriends, friends, roommates, and strangers. Many of the participants told close friends, family, or romantic partners about the sexual violence, sometimes years after the experience had occurred. Others disclosed to counsellors but not to friends and family. Lastly, a few participants disclosed their experiences of sexual violence for the first time during the research process. None of the participants within this study had reported their sexual violence experience to the authorities, the post-secondary institution they were attending or mental health at the time of the violence.

Feelings of Powerlessness

A retrospective perspective allowed participants an opportunity to reflect on their experiences of sexual violence from the safety of their present circumstances. The most common

¹⁷Stealthing occurs when a man agrees to wear a condom during consensual sex but chooses to remove or damage the condom during sex (Davis, 2019).

narrative from participants was to frame the experience in feelings of powerlessness. This is a common experience for sexual violence victims/survivors, and it is important for PMH nurses to validate and normalize this perceived loss of power in care settings. Zara described powerlessness along with numerous other emotions: “I mean I felt shocked, violated, powerless, guilty and there was long-term anxiety afterwards. So, I guess I had to overcome all of those.”

Other participants reiterated the powerlessness that Zara mentions. Alex, for example, described powerlessness as an inability to call for help:

I tried to fight back, and I couldn't, he was just so much stronger there was no way. So, that strips your power but also ... I tried to scream, and I couldn't, no sound would come out. So, people would be like, “Why didn't you yell for help? It seems like something that you should just be able to do.” I couldn't, but that is something that I still have nightmares about: needing help, trying to scream and you can't.

Dawn did not use the word “powerlessness,” but their story is indicative of that feeling:

I am not sure how hard I fought. I just remember flashbacks.... That has been a really hard thing, that I left myself there and I didn't fight. Not that I could have. I mean, he was a giant, he was a huge man.

Dawn is expressing the powerlessness they felt during the act of sexual violence but also highlighting the flashbacks and incomplete memory experiences that are common within sexual violence disclosures, which need to be considered by PMH nurses.

Grace and Danika directly relate their powerlessness to the alcohol that they had consumed prior to their sexual violence, whereas Britany expressed it as an inability to voice what was happening. All these participants struggled with the rape myths that muddle the process of consent, specifically regarding alcohol use and date rape. Regardless of the circumstance, the participants felt betrayal from the perpetrator and powerlessness because their own bodies were not able to combat the threat that they were experiencing. The feelings of powerlessness that participants experienced had directly influenced the ways that they processed the trauma; for instance, it led to feelings of pain, self-blame, and shame.

Internal Struggles

The participants described internal struggles, such as invisible pain, self-blame, and shame at the time of the violence but also feelings that resonated for many of them into the current moment. The fact that these participants still indicated they were struggling with these

internal feelings a long time after the sexual violence experiences reiterates the need for PMH nurses to respond to all forms of sexual violence disclosure in an understanding and non-traumatizing manner.

Invisible Pain

The invisible pain that the participants express is apparent in the lives that they lead today. For instance, Alex stated “the hardest part is that nobody can see it. I don’t want to talk about it, and I don’t want to tell anyone about it, and no one can see me struggle.” Ellen said, “I walk around, and people see a normal functioning human being who does great work in the community.... Nobody sees behind that usually.” The pain that they are expressing is something that they have lived with since the sexual violence occurred. Their own self-blame and shame are one of the reasons that some of the participants say they kept their violence hidden.

Self-Blame

The majority of the participants discussed the concept of self-blame. Danika indicated, How I felt about myself and how much damage [was] done internally, blaming myself for this, still struggling to reconcile that it is not your fault ... I had sort of left this, not verbalized it until last year.... There is probably a lot of counselling that could be done. There is probably a lot of shit that you don’t even realize as a result of this.

Others identified their self-blame more directly in the ways in which the event unfolded:

Self-blame definitely. Again, at that time I remember thinking maybe he didn’t quite get what I meant when I said let’s cool off and get to know each other or maybe he didn’t quite understand that I really meant it that way. You have a lot of self-blame like why was I there alone with him I should have known better. (Jessica)

Participants’ experiences of reflecting on the situation, analyzing their own actions, and trying to determine if their own actions attributed to the violence against them was a common narrative in regard to self-blame. Joy’s summary reflects the experiences of other participants:

After that, I was thinking to myself ... what part did I play in it? Outside of not giving consent. I had had some drinks, I led him on, maybe I shouldn’t have danced with him, and maybe I shouldn’t have talked with him. Because with lack of choices, you tend to then blame yourself for the incident.

Zara expressed her self-blame in a more sarcastic manner:

I was attracted to him. You know, we were making out, I was getting turned on, and I chose to have consensual sex with him.... Once I realized [he wasn't wearing a condom], I said something to him and his response was "but I thought you could realize I wasn't using [a condom]." Even though I said that he definitely had to use it before he started doing it. Yeah, you know it was my fault for not having realized that he had taken it off and for not having protested **again**. (Word is bolded for emphasis, as stated by the participant during the interview.)

The self-blame that the participants expressed regarding drinking, flirting, not vocalizing "no" loud enough, and not being explicit enough in the parameters of consent are all explained by societal rape myths and victim shaming that continue to influence victims/survivors' perceptions of their own violence. Many victims/survivors require validation from others to help them to process their own experiences and minimize the feelings of self-blame.

Shame

In addition to self-blame, the participants also expressed feelings of shame. Some, like Alex, felt that shame was why they did not tell their stories at the time of the sexual violence. They stated, "Because of shame. [long pause.] One hundred percent, and because I lived with him. He couldn't have been all bad because I chose to live with this person. For a while in my life, I would have considered him to be my best friend." Darlene emphasized, "Yeah, and the silence is why. I think it is the shame that keeps us quiet. The shame, the embarrassment, it just silences you. Predators know the kind of people they pick on."

Britany, like others, expressed shame about the experience itself: "There was always just the shame and embarrassment that goes with it. How does that happen, how does your boyfriend rape you in your own bed, in your own home?" The shame that the participants felt stopped them from talking about the experience, recognizing that they were experiencing sexual violence and working through what happened to them. For some, this caused a lasting impact in the way they viewed themselves and their experiences. Considering the shame that is prevalent in this type of sexual violence experience, PMH nurses need to respond in an empathetic and understanding manner regardless of the time that passed before disclosure. With some of the participants, the feeling of shame regarding their sexual violence experience lasted and sometimes influenced their future relationships.

Forging New Relationships

During the interview, participants reflected on their relationships following their sexual violence experience, including current romantic relationships. Participants discussed trusting people again and searching for security and intimacy as part of the themes that arose while they were forging these new relationships. PMH nurses need to consider the lasting impact sexual violence has on intimate relationships to assist victims/survivors to normalize and move through these emotions.

Trusting Again

Participants discussed the challenges of developing trust with those around them. Alex discussed transitioning from a place of complete mistrust to eventually being able to trust again but never feeling completely secure in relationships:

After I went and saw [the counsellor], I could actually have a relationship again. Where I could feel comfortable, not like fully ... I can actually open up and be myself, I can start to trust the person that I am with ... but I still second-guess this relationship all the time. So, it is not like the relationship that I am in today is the healthiest one ... there is still this lingering doubt because of what happened.

Other participants talked about how trust issues affected their ability for physical and emotional intimacy. Difficulties trusting people caused Darlene to “run away from everything.” Participants expressed that learning how to trust again was imperative in forging new relationships and seeking security.

Searching for Security

Trusting people was difficult for participants and it led some to make decisions about partners and romantic relationships that may not have been in their best interest. For instance, when reflecting on marriage, Danika remembered thinking,

You shouldn't be doing this, but this is a safe choice, you know, he will look after you, he is not going to beat you, he is not going to sell you, you are making a safe and protected choice. You don't have as much power and strength as the men, so you need to make decisions that are sort of safe, and so I did.

Joy reflected on the same concept as Danika, in that marriage became a form of protection: “I mean I had been dating my ex-husband since 1982, meant that by '87 I was engaged. I wanted to get married. I wanted a ring on my finger too, because it meant a certain amount of protection.”

Other participants discussed the challenge of finding a sense of security in a relationship. Ellen indicated, “I wanted to feel the comfort and closeness of somebody, but I also didn’t want the attachment of a relationship because every relationship I have had failed.” Darlene discussed marriage and the problems with trying to find emotional fulfillment: “You have got two broken, needy, shame-based people living together thinking that you are going to fulfill me, and I am going to fulfill you, thing. I mean, what a joke!”

Other participants were eventually able to find security with their romantic partners. For instance, Dawn noted, “One person that I was with ... I really did a lot of healing. It was strange. But things would happen, and that person was supportive and safe, and it got better eventually, a bit.” Then Dawn followed that comment with “I pick good humans.” The discrepancy in seeking safety is obvious from the participants’ stories. Some made decisions that resulted in divorce, and others were able to find the safety they needed with current partners. Security and trust also greatly impacted participants’ thoughts of intimacy and sex.

Intimacy and Sex

Trust, security, and emotional fulfillment were all important when forging new relationships for participants. As participants indicated, intimacy and sex are difficult at times. As Britany described,

It is still just figuring out how to feel good, how to really enjoy sexual relationships. That is such a shitty thing to say when you have been married for years. My husband hates that, and I wish that I could change that. But I never fully enjoy it.... You suppress everything so much that you kind of do forget and you won’t remember it, but you can never take away the feelings [of the sexual violence].

Others expanded on this feeling of retraumatization from sexual acts. An example of this is from Alex:

Then I tried to actually have a relationship with a man for the first time, since whatever happened when I was 19, and that was so incredibly difficult. To the point sometimes that I would actually have panic attacks when I was with this person. The weight of somebody’s body would make me have a panic attack and then the relationship is over at that point in time. I remember the first time it happened I thought that I was having a heart attack [laughing].

Alex was able to laugh when describing the difficult experience, possibly as a way to cope while recounting their story, but the lasting effect of the sexual violence obviously caused difficulties in intimate relationships. Joy indicated that decreasing sexual intercourse is what made coping easier for them: “Do I have any struggles that I need to overcome? Yeah, yeah. Maybe that is why I date a 67-year-old ... really, sex is not part of our relationship. I date him for his brilliant mind.”

For others, like Danika, increasing sexual activity and reframing what sex meant was a way of coping through the experience:

I really hate to use this term, but I was kind of slutty for a while. I slept with a lot of people. I was very disconnected, you know. I don't need any emotional sort of tie to sex; this is a transaction for me.... I think I just ... without even realizing, self-destructed a little bit.

Although the sexual violence occurred at least a decade ago for all the participants, many of them struggled with finding healthy sexual relationships and being able to participate fully in intimacy. PMH nurses need to be able to empathize with these experiences and respond in a trauma-informed manner to normalize the difficulties associated with trust, security, and intimacy. Providing a safe space for victims/survivors to disclose is the first step in providing opportunity for them to share.

Lasting Trauma

Participants freely talked about the lasting trauma they are still navigating because of the sexual violence they experienced. Consistent with findings from other research studies, some of the participants in our study disclosed suicidal ideation as well as alcohol and drug use in the immediate years following their experience of sexual violence (Combs et al., 2014; Ullman & Brecklin, 2002). The participants retrospectively disclosed that they struggled with these issues in the past to help cope with the pain of the violence but had found ways to adapt and recover so alcohol, drugs, and suicidal ideation are no longer a part of their current experiences. They expressed their lasting trauma as feelings of loss, lasting triggers, and ongoing safety concerns.

Feelings of Loss

Participants expressed loss of self, loss of time, and loss of innocence in their descriptions of the long-term effect of the sexual violence. Danika described loss of self: “The experience took something from me. It made me feel like I ... provided an opportunity for a transaction.”

Dawn described losing themselves in different terms and stated, “I feel like ... did it impact you negatively? Is that even a question? How could it not? So yeah, in a huge way. I’m not the same person, and it sucks.” Participants also mentioned loss of self-worth: “I want people to know, people that have not been sexually abused, that it really does severely impact your life. It impacts your trust, huge. It just tears your self-worth ... and your value as a person” (Darlene). Alex reflects on the loss of time: “So, this is ten years later. When I look back, I am like, I lost a decade of my life.... It’s gone.” Other participants discuss the loss of innocence. As Dawn noted, “Innocent bits of myself, like I was young, there were parts of me that I didn’t even know what they were. I was so young. Now it is all just tainted.”

The loss is different for all participants; loss of self, loss of self-worth, loss of time, and loss of innocence are all complicated factors that directly influence how the participants reflect and process their sexual violence experiences. These losses also emphasize the complicated grief processes that occur with sexual violence, reiterating the need for PMH nurses to recognize this and normalize this with individuals that express this type of loss.

Lasting Triggers

Other than the loss and grief, many of the participants discussed how their experiences of sexual violence still have ramifications or things that they thought were triggering for them. Britany’s description is reflective of other participants’ experiences:

Move forward to now ... I don’t like to be touched in my sleep.... My husband can’t caress me awake at any point for nookie. It just won’t happen because I will swat his hands away.... I will cuddle my kids to sleep, but I don’t even like to be touched by them when I am sleeping.

Dawn reflected on hearing from an old roommate years after the sexual violence experience:

A long time ago, one of those roommates reached out, and I got an email because this person was volunteering at a rape crisis line, and they put it all together and realized what had happened. I actually got really mad because I didn’t need that email that day. That was about them processing their guilt over their shit response.

In some situations, as Alex described, it is not the specific trigger that participants discussed but more broadly the importance of learning how to cope with them when they arise:

It is not every day that is a struggle. It is just certain things now that I know I am vulnerable to. Having that self-awareness and understanding what might be a trigger and

then having people that you can talk to about it—but more so internal coping skills so that you know when you are triggered what you can do about it.

The triggers that the participants expressed intertwined with their emotional and physical safety concerns. Just like all other forms of trauma, the lasting impact of triggers of sexual violence need to be explored by PMH nurses to try to assist victims/survivors to learn to control their emotional responses.

Ongoing Safety Concerns

Many of the participants elaborated on safety and difficulties finding situations where they felt safe. Some participants elaborated on specific situations regarding specific perpetrators. For example, Ellen said, “I will always live in fear of him trying to take my life again.” Dawn, like others, emphasized ongoing general concerns about their safety:

I always, and I still do, just feel unsafe.... I mean, I hear a bang outside and my dog will bark and I still, like, go into this weird zone and I still have to rationalize my way out of that response. But it’s almost like the reaction is automatic, like I can’t get my body to stop or assess what is actually happening. It is a fuck of a lot of work!

Dawn went on to discuss,

I guess maybe it was a false sense of safety that I thought I should have or I was entitled to.... I just felt that I should be able to exist without these bad things happening. Not just sexual violence but any kind of violence.

Losing a feeling of safety was difficult for Dawn, and rightfully, the desire to feel safe without bad things happening was very important. Participants described the triggers that influenced their sense of safety as exhausting and something that had to be worked on constantly. Zara, like other participants, discussed how they needed to shift to self-protection after the incident occurred:

Yeah, and also—and this of course I do to the present day—when I have a bad experience, I try to protect myself from having another one in the future. There was just this feeling that I was supposed to learn a lesson ... that I deserved to learn a lesson.

The feeling of learning a lesson was something that Zara struggled with—taking ownership of the trauma and learning from that experience to try and feel secure in the future. Alex needed to come to terms with the fact that something like this could happen again and needed to try to rationalize that fact:

We know it happens. It has to happen to someone, but you never think that it will happen to you until it does, and then you walk away with this profound disbelief.... It also hit me at that point in time that it can happen to anyone, and it can happen to you again.... So, you are left with trying to cope with what happened in the past and also accept or recover from the fact that it could happen again.

The fear of being sexually violated again that Alex, Ellen, Dawn, and Zara refer to is a concern that greatly affects their ongoing feelings of safety. The aspects of security, fear, and the self-blame associated with the trauma that Zara expressed all need to be acknowledged and identified. Coping through this type of trauma is multifaceted, and PMH nurses need to be aware of all the lasting impacts in order to provide safe, trauma-informed, and anti-oppressive spaces for victims/survivors to disclose.

Discussion

The retrospective nature of this research study provided opportunity for participants to share their experiences of sexual violence from the safety of the present. The participants' narratives and the themes that emerged in the interviews show that there is a lasting psychological impact from sexual violence, even decades after the rape, attempted rape, or sexual assault that need to be considered by PMH nurses and other caregivers within health systems. The participants' narratives highlight their recovery, growth, and strength as well as describing the lasting implications of the violence.

Whether the sexual violence was stealthing, attempted rape, or rape, one common feature in all participants' experiences was the feeling of powerlessness. Participants discussed their powerlessness in terms of feeling: They felt that their perpetrator ignored their parameters of consent, that the perpetrators' physical strength overpowered them, that they had lost their voice, and that they were unable to defend themselves for a variety of reasons. This is not a unique finding: Powerlessness is one the main indicators used to define whether a deeply distressing event is traumatic (Herman, 1992/2015). Most of the respondents in this study did not label their experiences as trauma, and many of them had difficulty recognizing the severity of their experiences, a point further explored in subsequent manuscripts (Manuscript #3). Nonetheless, the lasting impact of the sexual violence is evident in the narratives and was not dependent on the victims/survivors labelling the violence that they experienced, which is consistent with other literature in the field (Harned, 2004).

The internal struggle that the participants felt at the time of the sexual violence, specifically shame and self-blame, is often mentioned as pivotal parts in recollection of and recovery from sexual violence experiences (Jeffrey & Barata, 2017). The participants reflected on the fact that they now knew they were not responsible for the violence imposed on them, but the process of coming to that realization was difficult for many. This is consistent with other researchers who note these feelings are often “rooted in a sense of being responsible for the violence or powerlessness to prevent it” (Draucker et al., 2009, p. 8). As this was a retrospective study, the participants predominantly spoke about shame and self-blame in the past tense as something they had experienced but reconciled as years and decades had passed. Still, the lasting effect of the feelings of shame and self-blame did impact some of their personal relationships in other ways. PMH nurses need to normalize the feelings of shame and self-blame while simultaneously understanding that these feelings exist on a spectrum with no set trajectory for how they will be recognized, processed, or coped through. Additionally, PMH nurses need to recognize the patriarchal influences, such as rape myths, that influence victims/survivors’ internalization of these feelings and work to combat those structures that perpetuate the discourse.

Sexual abuse in all stages of life affect an individual’s sexuality, which can lead to anorgasmia, vaginismus, sexual avoidance, sexual dissatisfaction, sexual non-communication, and non-sensuality (Bartoi & Kinder, 1998). Not surprisingly, some of the participants discussed sexual avoidance and sexual dissatisfaction when they reflected on their current relationships. Additionally, one participant (Danika) described a tendency to assert sexual power by reframing sex as a transaction, and another (Britany) mentioned a need for sexual agency in order to control all sexual interactions. These reactions are contrary to results from other researchers that found that individuals who have experienced sexual assault exhibit lower sexual assertiveness and agency (Zerubavel & Messman-Moore, 2013). The need to assert sexual agency may be more indicative of a need to reassert power by controlling one’s environment after sexual violence has occurred (Reis et al., 2017). PMH nurses need to be aware that victims/survivors have individualized sexualities in response to a history of sexual violence, and there is therefore a need for individual associated treatments. Clinicians should provide space to allow victims/survivors to discuss their sexuality and sexual needs in a safe and therapeutic space.

After the violation of sexual violence, an individual's perceived sense of safety is greatly influenced (Culbertson et al., 2001; Draucker, 2001; Spohn et al., 2017). Our participants discussed an inability to find safety after the experience of sexual violence. Culbertson et al. (2001) determined that the place of the assault, the perpetrator, and the type of assault all greatly affect a woman's perceived sense of safety. Individuals sexually assaulted by a loved one, friend, or an acquaintance had a greater sense of fear and a lower sense of perceived safety (Culbertson et al., 2001; Jeffrey & Barata, 2017). In contrast, Draucker (2001) concluded that regardless of place of assault, the perpetrator, or the type of assault, individuals who have an experience of sexual assault are in constant fear that they will experience sexual violence again and are always trying to ensure their own safety through behaviors that they feel will minimize their risks and will re-establish their sense of safety. The narratives from most of our participants support Draucker's argument. The participants' discussion about perceived safety, their trauma reactions to loud noise, and their ability to adapt and respond to the trauma is an impressive demonstration of resilience and strength that PMH nurses need to be aware of in all interactions. Normalizing their experiences and honouring the strength and resilience of victims/survivors while simultaneously working to increase their coping mechanisms is an essential part of sexual violence recovery.

Although none of the individuals that participated in this research sought professional support at the time of their sexual violence experience, some did reach out for professional support later in life when the psychological impact and other corresponding symptoms of the violence were getting difficult to cope with. With the current destigmatizing campaigns of #metoo and #notokay, it may be anticipated that more individuals will come forward in the future looking for support after experiencing this type of violence. PMH nurses are well-suited to take the lead in supporting this type of disclosure (Cleary & Hungerford, 2014). Previous research conducted with mental health professionals, including PMH nurses, indicates that some professionals feel uncomfortable with disclosures of sexual violence (O'Dwyer et al., 2019), causing inappropriate, blaming, or shaming responses from practitioners towards disclosures. Although there is evidence in the literature that some survivors feel that health care providers responded positively to them divulging their sexual violence, the disturbing result is that many victims/survivors still feel that health care providers minimize or dismiss their disclosures, treat victims/survivors differently after disclosure, display a cold and detached demeanor, or doubt the

victim/survivor (Lanthier et al., 2018). This indicates that further education, training, and research is required to ensure that health care providers, including PMH nurses, are equipped to respond in a trauma-informed manner to delayed disclosures of sexual violence. PMH nurses also need training to deal with feelings of discomfort; responding with compassion requires that they also recognize and set aside their discomfort and learn to deal with their emotions in regard to disclosures of sexual violence to respond better to clients' disclosures. Lastly, PMH nurses need to be trained more directly in the short- and long-term effects of trauma from sexual violence and the rape myths that influence victims/survivors' responses and disclosure of this type of trauma. Understanding the impact of sexual violence on victims/survivors will ensure that PMH nurses provide empathetic, anti-oppressive, and trauma-informed reactions to all disclosures, whether immediate or delayed.

Further Research

There are limitations in this research study. The participants were all college or university graduates from one geographical region, and most of them identified as White and heterosexual. The narratives would likely differ had the population of the sample been more diverse. More research is required to learn about the lasting impact of sexual violence on individuals of different socioeconomic classes and with different education levels. Additionally, more opportunities for racially and sexually diverse individuals to share their stories of sexual violence and survival through research will assist PMH nurses to provide service and support for sexual violence victims/survivors of all backgrounds.

Conclusion

Researchers on this study worked to avoid pathologizing experiences of sexual violence while still recognizing and honouring the overwhelming fact that these experiences have negative outcomes. The participants in this research project reflected on sexual violence experiences that occurred between 1990 and 2010. They had all processed and explained these experiences in different ways. Appreciating individuals' resilience and ability to recover through this type of trauma does not negate the fact that, quoting the participant Dawn, recovery is "a fuck of a lot of work." This research has reiterated the need for PMH nurses to consider how all experiences of sexual violence, whether stealthing, attempted rape, or rape, have the potential to cause a lasting impact on victims/survivors. Of more importance, due to the ubiquity of sexual violence within gender marginalized individuals, PMH nurses need to start with a framework of trauma-informed

and feminist responses, assuming all clients have experienced sexual violence to ensure that they react in a non-traumatizing way. Practicing in this manner will ensure that victims/survivors feel safe to disclose, seek support, and find appropriate service. While the treatment of individuals will vary depending on the wishes of the victim/survivor, an empathetic, trauma-informed, and appropriately supportive response to a disclosure of sexual violence—regardless of the type of violence or the number of years that have passed since the event took place—is imperative.

Chapter 4: Preface to Chapter 4

This chapter includes the manuscript “Recognizing the Wrong: Survivors’ Recollection of Naming and Validating Sexual Violence.” This manuscript explores the themes of naming, disclosing, avoiding, and validating sexual violence experience while contextualizing those experiences within the policies and procedures of one academic institution between 1990 and 2010. The analysis highlights the disconnect between how sexual violence is lived and the supports and resources provided by post-secondary institutions for victims/survivors of sexual violence. Providing insight into the failures of post-secondary institutions to dismantle rape culture and implement policy and procedures that are receptive to supporting victims/survivors may provide direction on how these institutions can improve in the future.

Dr. Deborah McPhail, Dr. Christine Kelly, and Dr. Shawna Ferris informed research design. I conducted the research, analyzed the findings, and wrote the first draft of this manuscript. Doctors McPhail, Kelly, and Ferris provided editorial feedback and manuscript revisions.

This manuscript has been prepared for submission to a peer-reviewed journal focused on higher education and is intended for an audience of post-secondary professors, administrators, and service providers.

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Recognizing the Wrong: Survivors' Recollection of Naming and Validating Sexual Violence

Over 25% of women will experience some form of sexual violence while in post-secondary institutions (Lee & Wong, 2019). Due to the prevalence of sexual violence within post-secondary institutions, it is imperative that settings of higher learning develop policies and procedures that actively foster environments that promote safety for all students (Lee & Wong, 2019; Perkins & Warner, 2017). Unfortunately, post-secondary institutions inadequately implement policies and procedures against sexual violence that protect victims and take a proactive stance to create safer environments. Rather, policies at post-secondary institutions tend to have vague language, a lack of conceptual definitions on concepts such as consent, and rampant rape myths inferred within them (Gialopsos, 2017; Perkins & Warner, 2017). Numerous post-secondary institutions prioritize the safety and reputation of the institution rather than the individual students, which leads to victims/survivors¹⁸ feeling unsupported and victimized by support services (Lee & Wong, 2019). This manuscript explores the retrospective experience of six survivors that attended one educational institution in Manitoba, Canada. In it we name and validate their sexual violence while simultaneously analyzing the policies and other institutional messaging that was available to these sexual violence victims/survivors at the time of their victimization. To do this, we explore archival documents from the university in question from 1990 to 2010.

Current Situation in Post-secondary Educational Institutions

The lack of clear policy around sexual violence affects the culture of post-secondary institutions. For instance, the dental school at Dalhousie University in Halifax, Nova Scotia made national news in 2015 when 13 male dental students posted misogynistic comments about their female classmates on Facebook (A. Quinlan, 2017; Trusolino, 2017). These comments included threats to female colleagues that promoted the use of sexual violence (E. Quinlan, 2017). Prior to the issue at Dalhousie, St. Mary's University in Halifax, Nova Scotia was in the national spotlight when student leaders encouraged over 400 students to sing a rape chant during orientation (Haiven, 2017; Trusolino, 2017; A. Quinlan, 2017).

Equally concerning are the responses from universities on sexual violence cases. For example, at York University in 2017, two strangers sexually violated two young women in their

¹⁸ Throughout the manuscript, we use the term "victim/survivor" to describe individuals experiencing sexual violence. Terms used individually have negative and positive consequences for individuals that have experienced sexual violence. Thompson (2000) refers to the dilemma as the "victim-survivor paradox" (p. 329). Advocate groups use the term "victim/survivor" to represent this continuum and empower individuals to use the term they prefer.

dorm rooms. The response from York University was to start a campaign reminding women to lock their dorm room doors at night (Trusolino, 2017), thus perpetuating rape myths by focusing on the actions of women rather than dealing with the larger culture of violence against women on campuses (Trusolino, 2017). This type of patriarchal response also facilitates sexual violence and does not result in policies or procedures that minimize or prevent violence on campus. Another example of faculty policies and responses that fall significantly short is from Brandon University in Manitoba, the setting of this manuscript. Brandon University made national news when newspapers reported that the institution forced a sexual assault victim/survivor to sign a non-disclosure agreement that threatened the student with suspension or expulsion if they spoke to anyone other than a counsellor about their assault (Laychuk, 2016). Such ongoing university policies and procedures impact the way that victims/survivors name and validate their own experiences as well as limit the resources available to support them. By exploring institutional messaging available to victims/survivors while also reflecting on their personal experiences, we gain insight into what can be done to improve policies and procedures within these important academic institutions.

Rape Myths

To understand the culture within post-secondary institutions, it is crucial to understand rape myths. Rape myths are societal concepts learned through popular culture that frame rape through prejudice, stereotypes, and false beliefs (Baugher et al., 2010; Hockett et al., 2009). Examples of rape myths include that (1) rape needs to cause bodily harm, (2) only strangers' rape, (3) rape needs to be life threatening, and (4) a woman's dress, behaviour, and risk-taking activities are to blame for rape (Baugher et al., 2010; Bondurant, 2001; Carmody & Washington, 2001). Rape culture "does not necessarily refer to explicit acts of rape or sexual assault, but rather draws attention to the social environment that fosters gender inequity that results in women experiencing higher rates of violence" (Bourassa et al., 2017, p. 46). An example of rape culture is evident in a disturbing video where the former president of the United States of America, Donald Trump, described "grabbing women by the pussy" (Henderson, 2016, para 1). This derogatory statement, which Trump then justified as "this was locker room banter, a private conversation that took place many years ago" (Fahrenheit, 2016, para 25) exemplifies how rape culture belittles the agency of bodies that are not men (Eroukhmanoff, 2017).

Previous researchers have tested societal reactions to rape myths by providing participants typical rape scenarios, then analyzing their reactions and beliefs with Likert scales (Baugher et al., 2010; Franklin, 2010; LeMaire et al., 2016; Vonderhaar & Carmody, 2015). Carmody & Washington (2001), for instance, measured the acceptance of rape myths in a quantitative study with 623 women respondents. One rape myth that had an unusual degree of support within that study was the belief that women falsely report a rape because of a need for attention (Carmody & Washington, 2001). This myth endangers victims/survivors of sexual violence, as the rate of false reporting of sexual violence is in fact very low (Lonsway, 2010) and only 5% of women report sexual assault to authorities, indicating that the overall experience of sexual violence is largely underreported (Anderson, 2005; Statistics Canada, 2013). Traumatic responses elicited from systems of heteropatriarchy such as police services and judicial systems may cause victims/survivors to recant statements, not because the sexual violence did not happen but because the process of reporting is painful, time-consuming, and expensive (Miller, 2021; Weiser, 2017). The authoritarian responses of these systems and the tendencies to interrogate victims/survivors rather than perpetrators is called the second rape (Madigan & Gamble, 1991) or secondary victimization (Campbell et al., 1999, 2001).

The broad social acceptance of rape myths influences how victims/survivors of sexual violence view their own experiences. Many individuals do not identify unwanted sexual experiences as sexual assault or rape (Peterson & Muehlenhard, 2004). Unwanted sexual experiences are prevalent among university women, and although many of these meet the definition of legal rape or sexual assault, victims/survivors do not label them as such. Victims/survivors who have sexual assault experiences that do not meet typical rape myths and do not feel that they have any visible evidence of the assault (such as bruising, broken bones, etc.) often have difficulty acknowledging the rape. For example, victims/survivors who believe that women who are sexually teasing deserve to be raped and viewed their own behaviour as sexually teasing are less likely than others to label their experience as rape (Peterson & Muehlenhard, 2004). Furthermore, if an individual believes in rape scripts, they are less likely to see their own situation as rape if the myth that they believe does not match with the complexity of their own personal experiences (Bondurant, 2001; Peterson & Muehlenhard, 2004, 2011; Vonderhaar & Carmody, 2015). Additionally, individuals who read victim/survivor descriptions in research scenarios are most likely to label a situation as rape if it fits the typical rape script.

Typical rape myths include a situation where the perpetrator is a stranger, the attacker used physical force, there is a clear lack of consent, and the victim/survivor is always a woman (Bondurant, 2001; Hockett et al., 2009; Peterson & Muehlenhard, 2004, 2011; Vonderhaar & Carmody, 2015). These beliefs all indicate a clear need for educational programs and institutional programs to challenge rape myths. This often includes explicit examples of what constitutes sexual violence, with definitions and examples that individuals can relate their own experiences with (Cruz, 2021; Weiss & Lasky, 2017; Perkins & Warner, 2017).

Definition of Sexual Violence

As mentioned, belief and acceptance in rape myths may cause difficulties when victims/survivors try to name their own sexual violence experiences. Additionally, this also causes dissension when experts consider the prevalence of sexual assaults and rape. For instance, there is academic disagreement regarding the well-known statistic that one in four or one in five women in post-secondary education will be a victim/survivor to some form of sexual assault. Muehlenhard and colleagues (2017) identify that those that disagree with the prevalence of the statistic feel that rape is the only action severe enough to include as a sexual assault. On the contrary, the other side of that argument argues that limiting the definition of sexual assault to only rape devalues the experiences of individuals that experience other forms of sexual violence (Muehlenhard et al., 2017). For that reason, in this manuscript we use the term “sexual violence.” This term encompasses all unwanted acts of sexual contact, including but not limited to rape, attempted rape, stealthing,¹⁹ coercion, and sexual harassment (World Health Organization, 2017).

Dismantling rape myths and expanding our understanding of the overall impact of sexual violence is required to address the continuing rape myths in post-secondary institutions. In this manuscript we use trauma-focused and feminist-informed research methods to frame the semi-structured interviews that respond to the following question: What is the retrospective experience of individuals marginalized by gender who encountered sexual violence in post-secondary institutions? We outline the responses from victims/survivors’ narratives while simultaneously analyzing the policies and other institutional messaging that were available to sexual violence victims/survivors at the time of their experience. Providing reflection into where post-secondary

¹⁹ “Stealthing” is a term used to describe a situation where two parties agree to sex with the use of protection. Then during the act of sex, the protection, most often a condom, is removed or damaged (Davis, 2019).

institutions have failed in policy and procedure in the past may provide direction on how these institutions can improve in the future.

Methods

This manuscript reports on a two-phase process of data collection: historical document analysis and individual semi-structured interviews. The individual semi-structured interviews included in this manuscript are from a larger research project that had ten participants from three different education institutions within one province. Only six of those interviews are reflected on within this manuscript because only one of the institutions provided archival data for the researcher to review. Ethical approval for this research came from two institutions, Brandon University (#22246) and University of Manitoba (#H2019:025).

Document Analysis

Document analysis is a means for researchers to gather supplementary data to derive insights into a certain time or place of study (Bowen, 2009). The primary investigator and first author contacted the three post-secondary institutions that were represented in the participant sample. Specifically, the first author asked universities to provide any sexual assault or sexual violence policies that were in place from 1990 to 2010. Brandon University responded and provided access to documents. The other two institutions either ignored the requests or delayed and redirected the primary investigator without providing access to the documents. Although no rationale was provided as to why the request was ignored, the primary investigator speculates that either the documents did not exist, or the institutions were afraid of negative reactions and therefore did not choose to disclose the documents. Document review occurred in July of 2020 after the appropriate approvals were obtained from Brandon University's Board of Governors. The resulting scan included the available handbooks, policies, and senate meeting minutes from 1990 to 2010. The documents were all located in paper files and stored in boxes within the University archives. The University archivist supplied these documents to the first author, who reviewed the documents within the library setting. The scan included reading through the documents for mention of sexual assault, sexual harassment, sexual violence, and rape. The primary investigator took detailed notes of the process and took photocopies of relevant information for review in future use. The first author analyzed notes through careful reading and rereading and looking for common language and themes present in the information. This helped

the first author to determine the messaging from the institution that was present at the time of the sexual violence experienced by the participants.

Individual Interviews

As part of a larger research study, the first author obtained six participant narratives reflected on within this manuscript, as previously mentioned. Recruitment for the study occurred through a variety of means, including letters sent by Alumni services, posters in the community, posts on social media, and print and radio interviews. Inclusion criteria included participants that graduated from a post-secondary institution between 1990 and 2010 that self-disclosed an experience of sexual violence while attending that institution.

The audio-recorded semi-structured interviews ranged in length from 55 to 115 minutes and focused on questions detailing the participants' current life and relationships, instances of disclosure, and coping strategies as well as the ways participants were impacted by sexual violence. All interviews began with an informal conversation, allowing time for the researcher and participant to develop rapport and ending with a debrief to ensure the participant felt safe before leaving the interview (Campbell & Wasco, 2000). Field notes taken by the primary investigator, rather than audio recordings, documented the informal conversation and the debrief. Participants had opportunity to review their transcripts and the field notes taken by the primary investigator through a process of member checking. Member checking was not mandatory, and the primary investigator did not follow up if participants did not respond to the emails offering this opportunity. All ten participants chose to review the final manuscripts and reports, whereas seven out of ten participants chose to review the transcripts, field notes, and final themes. After the interview, participants all received a \$20 gift card and a brochure that included self-help strategies, information about coping with flashbacks, and local resources.

The primary investigator used a six-phase process of reflective thematic analysis identified by Braun & Clarke (2020). The process of verbatim transcription, conducted by the primary investigator, allowed the first phase of this analysis. Systemic coding of the ten transcripts through NVivo software was the next phase of analysis (Braun & Clarke, 2020; Ravich & Carl, 2016). Reading and rereading the codes and analyzing the codes with the field notes produced initial themes, and then topics emerged from the final themes. The primary topic discussed in this manuscript is the way participants name, disclose, validate, and avoid their own sexual violence experiences.

By talking to individuals that experienced sexual violence in post-secondary institutions retrospectively, we sought to determine the extent that victims/survivors disclosed to post-secondary institutions and if that disclosure was helpful or harmful to determine the services that were offered through the institution that were helpful. However, this is not what happened; only two of the ten participants even mentioned the post-secondary institutions within their experiences of sexual violence: one disclosed that their sexual violence experience occurred on a university trip and the other had approached the University seeking assistance to protect themselves against a man who violated them when they were a child. None of our participants disclosed their sexual violence experiences to anyone within the post-secondary institution. The fact that none of the participants disclosed their experiences to anyone within the post-secondary institution was a finding in itself. Analyzing documents and reflecting on the six narratives from participants that attended that institution may provide insights into the ways policies, procedures, and institutional messaging do not make educational institutions a safe place to receive support or disclose experiences of sexual violence.

Findings

The findings therefore start by setting the context and reviewing the historical documents gathered from Brandon University. Next, we explore the themes of naming, disclosing, avoiding, and validating related to the participants' sexual violence experiences.

Setting the Context

As mentioned, analysis of documents regarding sexual violence, sexual assault, or rape from one institution occurred to determine the common narratives and themes regarding sexual violence from 1990 to 2010. The scan resulted in two institutional policies both entitled "Sexual Harassment Policy," created in 1989 and updated in 2007 (Brandon University, 1989, 2007), two mentions of the policies in senate minutes in 1992 and 1994, and five student handbooks (Brandon University Students Union, 1989, 1990, 1991, 1992, 1993; see Table 7). The documents are representative of two different branches of the University. The policies and the senate documents represent the broader formal institution of the University, whereas the student union handbooks are a more progressive and informal aspect of the University. It is important to note that despite the differences between the branches of the University, inevitably the documents are reinforcing the same overall environment of the University regarding sexual

violence and reinforcing the culture of rape myths apparent more broadly in system. This concept will be expanded on later in the manuscript.

Table 7: List of Sources

Brandon University Sexual Harassment Policies	
1989	Brandon University. (1989). <i>Sexual Harassment Policy</i> (File 3 Sexual Harassment/Discrimination, 1996, Box 1 BOG Miscellaneous, 1996, Series 2 Board of Governors, RG6 Brandon University Fonds). S. J. McKee Archives.
2007	Brandon University. (2007). <i>Sexual Harassment Policy</i> (File 3 Sexual Harassment/Discrimination, 1996, Box 1 BOG Miscellaneous, 1996, Series 2 Board of Governors, RG6 Brandon University Fonds). S. J. McKee Archives.
Brandon University Student Union—Student Handbooks	
1989	Brandon University Student Union. (1989). <i>Student handbook</i> (box student handbooks. Series 14 BUSU, RG6, Brandon University Fonds). S. J. McKee Archives.
1990	Brandon University Student Union. (1990). <i>Student handbook</i> (box student handbooks. Series 14 BUSU, RG6, Brandon University Fonds). S. J. McKee Archives.
1991	Brandon University Student Union. (1991). <i>Student handbook</i> (box student handbooks. Series 14 BUSU, RG6, Brandon University Fonds). S. J. McKee Archives.
1992	Brandon University Student Union. (1992). <i>Student handbook</i> (box student handbooks. Series 14 BUSU, RG6, Brandon University Fonds). S. J. McKee Archives.
1993	Brandon University Student Union. (1993). <i>Student handbook</i> (box student handbooks. Series 14 BUSU, RG6, Brandon University Fonds). S. J. McKee Archives.

The archives had two versions of a “Sexual Harassment Policy,” one dated October 19, 1989, and an updated version on January 25, 2007 (see Table 8). Both policies are similar in the explanation of the sexual harassment advisor role and reimbursement, sexual harassment

committee responsibilities and budget, process of informal complaints, and process of formal complaints. Overall, the main differences between the two policies are the introductory statements, the definitions of sexual harassment, the make-up of the sexual harassment committee, and the language and order of the explanation of disciplinary action and malicious complaints. For instance, in the 2007 policy there is more emphasis on malicious complaints, and this is prior to the explanation of disciplinary action if someone breaches the policy. Of note, neither policy defines rape nor other forms of sexual violence; the policy in 2007 alludes to unnecessary physical contact but is not explicit in the definition.

Table 8: Comparison of Sexual Harassment Policies, 1989 & 2007

Key Components of Policy	Sexual Harassment Policy 1989	Sexual Harassment Policy 2007
Introductory Statements	“The University abhors sexual harassment and will not tolerate sexual harassment of its students or employees” (page 1)	“The University recognizes that respect for the rights, dignity, and integrity of others is essential for the well-being of a community” (page 1)
Definition of Sexual Harassment	Includes <ul style="list-style-type: none"> • actions of unwanted sexual solicitation • promise of reward either implied or expressed for complying with a sexually oriented request • reprisal either implied or explicit for denying a sexual request • sexually oriented remarks 	Includes <ul style="list-style-type: none"> • unnecessary physical contact, such as touching, patting, or pinching • promise of reward or threat of reprisal for complying or denying a sexual request • sexist remarks or jokes • displaying sexually derogatory material
Sexual Harassment Advisor (SHA)	<ul style="list-style-type: none"> • President designates two SHAs, one of each gender 	<ul style="list-style-type: none"> • President designates two SHAs, one of each gender

	<ul style="list-style-type: none"> • Selected on qualifications, counseling expertise, and accessibility • Responsibilities include <ul style="list-style-type: none"> ○ Lead campus education program with the SHC ○ advise complainants and respondents of rights and procedures of policy ○ maintain confidential records ○ act as mediator between complainants and respondents ○ make recommendation to presidents where formal resolution is required 	<ul style="list-style-type: none"> • Selected on qualifications, counseling expertise, and accessibility • Responsibilities include <ul style="list-style-type: none"> ○ Lead campus education program with the SHC ○ advise complainants and respondents of rights and procedures of policy ○ maintain confidential records ○ act as mediator between complainants and respondents ○ make recommendation to presidents where formal resolution is required
<p>Sexual Harassment Committee (SHC)</p>	<p>Composition of Committee:</p> <ul style="list-style-type: none"> • Two members from each of the four unions (Faculty, Student, Government, and Engineer) associated with the University, one from each gender • Two SHAs are ex officio <p>Responsibilities:</p> <ul style="list-style-type: none"> • Prepare a brochure 	<p>Composition of Committee:</p> <ul style="list-style-type: none"> • Human resources director • Two members from each of the four unions (Faculty, Student, Government, and Engineer) associated with the University, one from each gender • Two SHAs are ex officio <p>Responsibilities:</p>

	<ul style="list-style-type: none"> • Deliver campus-wide education • Provide support to SHA • Conduct a review of the policy and workload of the SHA and make recommendations after 12 months and every two years after 	<ul style="list-style-type: none"> • Prepare a brochure • Deliver campus-wide education • Provide support to SHA • Conduct a review of the policy and workload of the SHA and make recommendations every two years after
<p>Informal Resolution of a Complaint</p>	<ul style="list-style-type: none"> • Complainant documents incidents • Respondent has a chance to document their experiences • Informal mediation led by SHA, which may include separate or joint interviews, exchange of written communication, or other methods • Failure to participate will result in the case being referred to the president for formal resolution • The complainant can withdraw at any time and the file will be destroyed • If the respondent manipulates or intimidates the complainant, the file will go for formal resolution. If 	<ul style="list-style-type: none"> • Complainant documents incidents • Respondent has a chance to document their experiences • Informal mediation led by SHA, which may include separate or joint interviews, exchange of written communication, or other methods • Failure to participate will result in the case being referred to the president for formal resolution • The complainant can withdraw at any time and the file will be destroyed • If the respondent manipulates or intimidates the complainant, the file will go for formal resolution. If

	<p>satisfactory resolution is achieved through mediation, the file will be stored. If there are no further complaints against the respondent within four years, the file will be destroyed. In the event of repeating infringement, a request for formal resolution is sent to the president with the information about the infringements</p>	<p>satisfactory resolution is achieved through mediation, the file will be stored. If there are no further complaints against the respondent within four years, the file will be destroyed. In the event of repeating infringement, a request for formal resolution is sent to the president with the information about the infringements</p>
<p>Formal Resolution of a Complaint</p>	<ul style="list-style-type: none"> • Used for situations where mediation has not been successful or the SHAs feel that the situation should bypass mediation • Also used for respondents with repeated infringements • External investigator from outside the University is hired to conduct an investigation to determine if the sexual harassment did indeed take place • Disciplinary action may include a requirement to participate in counseling, a letter of reprimand, suspension, or dismissal 	<ul style="list-style-type: none"> • Used for situations where mediation has not been successful or the SHAs feel that the situation should bypass mediation • Also used for respondents with repeated infringements • External investigator from outside the University is hired to conduct an investigation to determine if the sexual harassment did indeed take place • Disciplinary action may include a requirement to participate in counseling, a letter of reprimand, suspension, or dismissal/expulsion

	<ul style="list-style-type: none"> • “Lodging a frivolous or malicious complaint of sexual harassment will be grounds for disciplinary action. Inability to prove one’s case will not necessarily be regarded as an indication of frivolous or malicious intent” (p. 5) 	<ul style="list-style-type: none"> • No further action will occur if it is determined the policy has not been breached, the file will be destroyed • “No record of the complaint will be kept in the complainant’s official personnel file or student record unless it is determined, based on the findings of the investigator, that the complaint was frivolous or malicious. The president may take disciplinary action against a complainant that initiates a frivolous or malicious complaint. Inability to prove one’s case will not necessarily be regarded as an indication of frivolous or malicious intent” (p. 5) • Retaliation against someone who has complained will result in disciplinary action up to and including dismissal/expulsion
Financing	<ul style="list-style-type: none"> • SHAs perform their duties as part of their workload in lieu of or in addition to other community services 	<ul style="list-style-type: none"> • SHAs perform their duties as part of their workload in lieu of or in addition to other community services

	<ul style="list-style-type: none"> • Operating budget of \$1000 for the SHAs and the SHC • External investigator expenses will be covered by Vice President's Office 	<ul style="list-style-type: none"> • Operating budget of \$1000 for the SHAs and the SHC • External investigator expenses will be covered by Vice President's Office
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The senate minutes found between 1990 and 2010 only had two written mentions of sexual harassment. In 1992, the minutes reflected mention that the sexual harassment policy should be included in a larger discrimination and harassment policy. There is no evidence within the minutes or policies that this occurred. Next, in 1994 there is a documented memorandum of understanding sent from the employer's union to the University President's Office, indicating that the sexual harassment committee had not met in two years. There was no follow up noted in regard to this memorandum of understanding.

The first author found similar content in all the student handbooks (Table 7) reviewed. In all the manuals, somewhere between pages 75 and 90, there was reference to the sexual harassment policy and the contact information for the sexual harassment advisors. An example from 1993 is included in Figure 6.

Figure 6: Sexual Harassment Policy, BUSU Handbook, 1993

STUDENT AWARENESS

SEXUAL HARASSMENT POLICY

Brandon University abhors sexual harassment and will not tolerate sexual harassment of its students or employees. Sexual harassment violates fundamental rights, personal dignity and personal integrity.

Procedures

Informal Resolution

The objective of the informal stage is for the complainant and the respondent to meet with one of the Sexual Harassment Advisors and to find a mutually acceptable resolution. Anyone wishing to lodge a complaint of sexual harassment involving a member of the university community shall contact one of the Sexual Harassment Advisors.

The Advisor shall:

- inform the complainant of the policy and procedures; and
- interview the complainant and advise that person whether there appears to be grounds to proceed within the terms of the university policy on sexual harassment.

Within five days from the date on which the complainant notifies the Sexual Harassment Advisor that the complainant wishes to proceed with the complaint, the complainant shall provide the sexual Harassment Advisor with a written account of the alleged harassment.

Within three working days of receipt of the written complaint, the Sexual Harassment Advisor shall:

- provide the respondent with a copy of the written complaint;
- inform the respondent of the policy and procedures on sexual harassment; and
- discuss the nature of the complaint with the respondent.

Within five working days of receiving a copy of the written complaint, the respondent shall provide the Sexual Harassment Advisor

with a written response to the complaint, a copy of which shall be made available to the complainant.

NOTE: These time limits are imposed to ensure expeditious handling of complaints, and may, at the discretion of the Sexual Harassment Advisor, be waived in individual instances.

The Sexual Harassment Advisor shall then initiate a process of informal mediation between complainant and respondent. This mediation may consist of separate and joint interviews, exchange of written communication and other mediation techniques agreed upon by both complainant and respondent.

It is expected that both complainant and respondent shall cooperate with the mediation process, and failure to do so may result in the case being referred to the President for formal resolution.

In cases where the respondent has supervisory authority over the complainant, the Sexual Harassment Advisor may request of the area head that a third party be called in to oversee supervision and evaluation of the complainant's work.

The complainant may, at any time during the process of informal mediation, choose to withdraw the complaint, in which case all formal record of the case shall be destroyed. The respondent shall be notified immediately of the withdrawal, and no further action shall be taken.

If satisfactory resolution is achieved through informal mediation, a confidential record of the case shall be maintained by the Sexual Harassment Advisors. If no further complaint against the respondent is received within four years of the date of resolution, the file shall be destroyed. In the event of repeated infringement(s) by the respondent, the Sexual Harassment Advisors shall provide the President with a written report of previous cases involving the respondent, containing only information on dates, the general nature of the offense(s) and resolution, with a recommendation that formal disciplinary proceedings be initiated.

STUDENT AWARENESS

The case shall be reopened and referred to formal resolution if any attempt is made by the respondent to manipulate or intimidate the complainant, or if any attempt or perceived attempt at reprisal is taken against the complainant.

Formal Resolution

If resolution satisfactory to both parties cannot be achieved through informal resolution, the case will be advanced for formal resolution. The Sexual Harassment Advisors may also recommend to the President that formal proceedings be initiated, bypassing the informal mediation process, in the case of the respondent who is alleged to have committed repeated infringements of the policy of sexual harassment, or who is alleged to have committed an offense that, in the judgement of the Sexual Harassment Advisors, is not amenable to informal resolution.

Complaints requiring formal resolution shall be referred by the Sexual Harassment Advisors to the President who shall appoint an investigator from outside the university community. The investigator shall be selected on the basis of experience in matters of sexual harassment and general counselling skills. The investigator shall determine whether the alleged sexual harassment did indeed take place. Based on the findings of the investigator, disciplinary action may be taken, in accordance with the terms of the collective agreement between the University and the applicable bargaining unit. In cases where the respondent is a student, complaints shall be referred to the Senate Committee on Student Discipline. In cases where the respondent is an employee of the University but not a member of any bargaining unit, disciplinary action shall be taken by the President.

Disciplinary action for sexual harassment

for all respondents, whether staff or student, may include a requirement to participate in counselling, a letter of reprimand, suspension or dismissal.

Lodging a frivolous or malicious complaint of sexual harassment will be considered grounds for disciplinary action. Inability to prove one's case will not necessarily be regarded as an indication of frivolous or malicious intent.

Confidentiality

All inquiries shall be handled with complete confidentiality. All files relating to complaints of sexual harassment shall be maintained in a secure place. Files relating to complaints handled through informal resolution shall be accessible only to the Sexual Harassment Advisors, and may not be released without the consent of both the complainant and the respondent. Information given in confidence to the Sexual Harassment Advisors by either the complainant or the respondent may not be used as evidence in any formal disciplinary proceedings. Files relating to cases referred to formal resolution shall be accessible only to the President and external investigator.

General

Notwithstanding the above processes, complainants and respondents shall maintain their right to take any action available to them either through collective agreements or courts of law. All processes listed above shall be pursued with due regard to the principles of natural justice and due process of law and, whenever appropriate, in accordance with the respective collective agreements in effect between the University and its unions.

All students have the right to freedom from sexual assault and all other forms of violence and/or harassment.

— Taken from the CFS Declaration of Students' Rights Policy Manual

Additionally, the student handbooks featured a small section on sexual assault with its definition, which specifically includes rape and unwanted touching, and a paragraph about responsibility for sexual assault that includes a statement indicating that a man never has the right to pressure a woman for sex and a recognition that sexism perpetuates rape myths. Sexual assault facts and tips on how to stay safe are also included. The tips on how to stay safe are being aware in the streets, not allowing strangers into your home, not entering elevators if you feel unsafe, and reporting strangers on campus to police.

Figure 7: Sexism, BUSU Handbook, 1991

As a womyn I have no country,
as a womyn my country is the whole world.
Virginia Woolf



What is Sexism?

Sexism is the assumption of the inherent superiority of one sex over the other, the connotations of sexual power being exerted over one person; treating or portraying men or womyn as sex objects, treating either sex in a demeaning fashion; the tendency to refer to persons of either sex in stereotyped terms. Sexism can be magnified when occurring with other kinds of discrimination such as racism, ageism, classism, and heterosexism.

As a female student you may encounter sexism in the hallways, in the classroom, or in Clubs and social settings. Experiencing sexual harassment and/or sexual assault is a reality for many university womyn and is one of the violent and degrading forms of sexism.

The following section is designed to inform students about the myths and facts surrounding sexual harassment and sexual assault, and what to do if you are a victim of sexism.

NO MEANS NO

Brandon University Students' Union

What is Sexual Assault

Sexual assault is unwanted of sexual nature imposed by one person upon another. Under the law form of sexual assault, including unwanted touching or fondling, rape (unwanted sexual intercourse) is a crime.

Who is Responsible for Sexual Assault?

The responsibility for sexual assault remains with the person who committed the assault. Regardless of the circumstances, a man NEVER has the right to pressure a womyn for sex. There are no circumstances that make less absolute.

Can Sexual Assault be Prevented?

A society that perpetuates a sexist system perpetuates rape. As students we need to think about and challenge our attitudes toward sexuality, especially those which convey a lack of respect for womyn's sexuality. The perception of womyn as sex objects as subordinate to men is a contributing

80 factor to sexual assault.

Eliminating sexual assault includes denouncing sexist attitudes.

The only prevention is elimination, but there are precautions which can be taken to limit the risks:

On the Street:

- Be aware. Have a plan. Note places along your route where you could get help.
- Walk briskly and look as if you know exactly where you are going.
- Avoid dimly lit areas.
- If you suspect you are being followed cross the street. If you were right, run and scream...it is better to overreact.

Entering Your Home:

- Have your keys ready, be sure the door is locked behind you.
- In a security apartment, even if someone is waiting to be let in close the door, he can call a friend to let him in

In the Home:

- (more than one-third of rapes occur in the home)
- Keep doors locked.
 - Ask for ID of an official...keep a chain fastened or they can pass the ID under the door.
 - In shared laundry facilities...check

SEXUAL ASSAULT...THE FACTS.

- One in three womyn will be sexually assaulted at some time in their lives
- Sexual assault has the lowest reporting rate of any violent crime. Estimates range from only 5% of cases being reported to the police, to a Winnipeg study that found only 9.3% of victims report the crime. In a Canada-wide study it was found that approximately 38% of victims report the crime to the police.
- Of the sexual assault victims who do not report to police, 44% stated that it was because they were concerned about the attitudes of the police and the courts to the crime.
- Estimates of the percentage of victims who know their attacker range from 63%, in the Winnipeg study, to 84% in an American survey.
- Approximately 60% of all rapes take place in a private home.
- About 90% of victims of sexual assault are womyn, 10% are men. In the vast majority of cases involving male victims (so called 'gay rapes') the attacker is a heterosexual man. Rape is reported almost exclusively by womyn because men are often afraid of being perceived as being homosexual.
- The effects of rape are long lasting and debilitating. 1 in 5 rape survivors attempt suicide, whereas the rate for the population in general is only 1 in 50.
- 1 in 6 rape victims suffer a nervous breakdown, as compared with 1 in 33 non-victims.

the room when you enter, then lock the door. For added safety tell a friend where you are.

Elevators:

- Be alert when entering. If there are one or two persons and you feel uneasy don't get in. Stand beside the control panel so you can press the alarm button. If you feel suspicious get off.

On-Campus

- Report to the police any man

Local 37 - Canadian Federation of Students

There is a section in this handbook (Figure 7) that talks about external and internal resources available to students who have experienced rape and date rape. The slogan "no means no" is on a few of the pages within the handbook. The information supplied in the 1992, 1993, and 1994 handbooks are identical to the 1991 one. The 1992 handbook also includes a photograph of the Take Back the Night march the year prior (see Figure 8). Overall, the handbooks provide some relevant messaging, such as that sexism perpetuates rape myths and a man does not have a right to pressure a woman into sex, as mentioned above. Despite that, the safety tips that are included in the handbooks, created by the Students' Union, once again perpetuate typical rape myths by addressing the stereotypical rape scenario: a stranger in a dark alley, with the victim/survivor always a woman. The institution does not provide definition of the terms "sexual assault," "rape," or other experiences—the only action defined is "sexual

harassment.” Many individuals may not identify their experiences as sexual harassment, so the lack of other definitions may be a barrier for reporting and seeking assistance. There is a disconnect among the messages the Students’ Union is trying to portray and the messages the University provides on sexual harassment and a lack of messages about sexual violence that do not perpetuate rape myths. Overall, the lack of policies on sexual assault specifically is alarming and concerning considering the common occurrence of sexual violence in post-secondary institutions (Lee & Wong, 2019). This is a problem that we might attribute to heteropatriarchy and a general failure of leadership within academic environments to acknowledge that post-secondary institutions are a place where sexual violence occurs. Additionally, post-secondary institutions are hesitant to take responsibility to create safe spaces for students marginalized by gender while also providing appropriate resources for those that are victimized on campus.

Figure 8: Take Back the Night, BUSU Handbook, 1992



Take Back the Night March.
(Photo: Terek Mak)

Experience of Sexual Violence

The semi-structured interview guide did not contain a question specific to the type of sexual violence experienced. All participants chose to describe their experiences of sexual violence at some point within the interview process. The following stories about the sexual violence experiences of the six participants are graphic, and they may be difficult for some

readers.²⁰ Rather than summarizing the stories of participants, we have included them here in full narrative form. The stories about their personal sexual violence highlights how these participants would have struggled to see their experiences in the policies and student handbooks available to them at the time of their violence. Additionally, the stories and the corresponding narratives discuss the participants' difficulties naming and validating their own experiences, which illustrates the commonality and pervasiveness of rape myths.

Alex

It happened when I was 19, and it happened by a roommate that I was living with.... At the time when it happened, because he was so physically violent, I did phone the police. He had trashed the apartment. I came home and things were destroyed, the kitchen, plates were broken, the coffee pot was broken. He was intoxicated and picking up the mess. When I went to go to my bedroom, I didn't say anything. I just went to go to my bedroom, and it was destroyed. So, I turned around and was like, "What the hell?" Then he became physically violent. After everything was said and done, I phoned the police and told them about the violence but not the sexual assault.

Danika

My second year of college I moved in with my good friend and her boyfriend.... Before we even started the semester, it was like July.... I had come to town because I wanted to go to the bar—you know, you're 21. He was there and his friend Mike was there, and that was fine, we went out to the bar together. You know, whatever, got drunk, came home, ate chicken noodle soup, and then I had gone to bed. When I woke up, he had crawled into bed, and I was like, nope, and I got up and moved out to the main bedroom. Then he got into that bed with me, and I was like, nope, and moved back into the bed, which was in my room. The third time I woke up, my friend's boyfriend was having sex with me. I was—well you know, when you are waking up and you're drunk and you're kind of like, where am I? What is going on? As I am coming out of the fog, I am realizing what is going on and all I could do was freeze because I was in such shock, and then he finished, and he got up and left. I was like, that just didn't happen, and I went back to sleep.

²⁰ Trigger warnings such as the one that is included in this manuscript are contentious within post-secondary environments (Byron, 2017; Maxfield, 2019; Sanson et al., 2019); however, it has been included here so survivors of sexual violence are able to make choice regarding the readings while also providing voice to the survivors that shared (Byron, 2017).

Dawn

There wasn't even a conversation. The fucking guy left the house. He came back, and I was in my goddamn Winnie the Pooh pajamas. I was 18 ... and I didn't grow up fast, and I am still not very grown up. I don't understand ... he just took it. I don't understand how that happened in that scenario.

Ellen

My experiences—I had two experiences. One was when I was 14, I was drugged and raped ... and the other person that assaulted me was actually the person that I ended up marrying and then divorcing.... He didn't actually assault me until we were living on our own together off campus.

Jessica

I told him no, **I** said he was hurting me, and **he** didn't stop. (Bold indicates speaker's emphasis on the words.)

Zara

It was a case of what is now known as stealthing. Where someone who I had agreed to have sex with didn't want to wear a condom. I had clearly and specifically told him that was the only way it was to happen was if he wore a condom, and he removed the condom.

It is obvious from the descriptions that all six participants had experiences that would meet the definition of sexual violence, more specifically rape;²¹ yet many of the participants struggled with how to name and validate their experiences due to pervasive rape myths.

Naming

Rape myths influenced the way the participants named and processed their experiences of sexual violence. Many of the victims/survivors expressed that, retrospectively, they had confusion over what had happened to them and how to describe it. Most of the participants attributed this confusion to the rape myths present at the time of their violence. For many participants, difficulty naming and talking about their violence was associated with the rape myths that rape needs to cause bodily harm, rape needs to be life threatening, and the perpetrator needs to be a stranger. By exploring the participants' narratives, we see the damage that the

²¹ Stealthing has been criminalized in the United Kingdom, Switzerland, Sweden, Canada, and some states in the United States and is considered rape in some jurisdictions (Ebrahim, 2019).

perpetuation of rape myths causes to victims/survivors. Danika describes,

Yeah. I think for me, and I think for a lot of people in my age group—you know, rape has to be this violent type, attacker, and stranger situation. Not the situation where you could question the consent. This is a trusted person, reconciling somebody that you consider a friend. You know that is really hard when you look at the broad way that society associates rape and how they would use the terminology.

Jessica reiterates this concept:

Yeah, because I know that was one thing that really struck me, was that even after I realized what had gone on, I still had to tell myself all the time just because he didn't have a knife to your throat doesn't mean it wasn't a rape. Just because he didn't grab you out of the alley and throw you down on the ground doesn't mean it wasn't rape.

Alex described the ambiguity around acknowledging the sexual violence and the self-doubt that is attached to not being able to name the violence:

Then in the back of my mind, I always think that because other people would have had things worse, that mine doesn't count. It was a one-time thing, so maybe it doesn't count. It was somebody that I knew, so maybe that doesn't count. Or maybe it does but it is not as bad as what somebody else has experienced, so there is always that second-guessing.

Others discussed rape myths more directly. For instance, Dawn articulates, "I remember thinking, when I was younger, if he had gotten me in the street, then it would have been legit." Ellen, who was married at the time of her sexual violence, remembered, "[The lawyer] asked if I had ever been raped, and I remember looking him in the eye and saying, 'Well, you can't be raped by your husband.'"

Another rape myth that many of the participants discussed was the idea that women's dress, behaviour, and risk taking are to blame for rape. Jessica stated,

You know, like you shouldn't have dressed that way, you shouldn't have been alone with him, you shouldn't have been drinking with him, you shouldn't have trusted him. Well, how do I know I'm not supposed to trust the guy [laughing]? They don't wear labels. You don't know ahead of time that you can't trust this guy, because you do trust him. You know, you like this person, they have been good to you so far, so ... it's not always that black and white.

Jessica reflected on the internal beliefs that they struggled with while they were making sense of their sexual violence. Other participants discussed the external blaming and the lack of support from people they tried to open up to about their experience. Ellen indicates,

[Talking about it] just wasn't going to happen because I didn't feel safe for whatever reason. There were a couple times that I tried, that I did say things, and people would just flat out say, "Well with the way that you act, I don't know whether I can believe you or not."

Rape myths influenced the ways the participants viewed their own sexual violence and, in some cases, influenced the responses from people around them. The internalized beliefs and responses from others made it difficult for them to name their sexual violence; some of the rape myths also influenced their decision to disclose their violence to others.

Disclosing

At the time of the sexual violence, most of the participants chose not to tell anyone about their experiences. When discussing the reasons for not telling anyone at the time of the violence, Alex stated,

I think that comes from—well for me, I think that I was worried that people wouldn't believe me. I also think that it is human nature to compare your experiences to others, so to say maybe someone else had it worse, so maybe mine is not so bad.

Danika experienced sexual violence from their best friend and roommate's boyfriend and chose to not disclose or tell anyone about the violence "because who would believe that? Everyone will believe the cheater part. They are not going to believe the other story."

Other participants talked about why they did not report the sexual violence to authorities. Jessica indicated,

Another reason that I didn't go ahead with a report, or anything is that I knew that the system is not on the side of the women. I know that from experiences that I have heard from other women where it was a lot worse than mine, when it was a family member, or it was violent and it was clearly a case of rape. Even knowing that, they would have never gotten through the court. I thought, why put myself and him through this, and our families through a court case, and criminal charges if I know nothing is going to come of it? That was a big deterrent for me to even report anything. For a while, I did consider having a report filed with his name but not pressing charges but just to report it in case

there was others. But again, I decided not to do that because I didn't want to hit him with that bomb. I really wanted to give him that benefit of the doubt that he did not realize how badly he had hurt me.

Dawn recalls a negative experience when they tried to disclose to their mom:

I tried to talk to my mom about it because I went into a pretty dark hole afterwards. We were partying. That screws things up a little. My mom just said, "You shouldn't have been drinking," so that was the end.

Dawn followed up with

If it would have happened [in a back alley], my mom would have believed me and helped me. But [she didn't] because of the choices that I made putting myself in a vulnerable situation, which is like, so fucked up. I should be able to walk around naked, in theory, and be safe.

With all of the victims/survivors, a fear of not being believed, being shamed, or being embarrassed about the trauma they experienced dictated their decision to not go to the authorities or tell anyone about the violence they experienced. Some of those that did decide to try to disclose their experiences had negative responses. The societal norms, stories of ineffective court systems, and rape myths all influenced the way the victims/survivors viewed their sexual violence and their rationale for keeping it quiet. Additionally, the fact that all these participants had experiences while attending university and that none of them chose to disclose to services within the institution reiterates that the messaging, policies, and procedures are not conducive to sexual violence victims/survivors feeling safe to access supports.

Avoiding

Most participants did not disclose their sexual violence experience to anyone at the time of the trauma. Rather than telling anyone about the violence, the participants denied and avoided the trauma, indicating that many of them suffered in silence and did not receive the appropriate supports to help them to deal with the trauma. Dawn indicated,

I ignored it as long as I could, probably. I just tried to, to do the things that I could. I wasn't in a situation where I could just fall apart, so I did what I had to do. I went to work; I went to school. It was not graceful, but I was trying.... You wash it away, and you clean up your body and wait for your body to heal, and you go to work or school or whatever the hell you are doing, and you keep going.

Zara, similar to Dawn, stated,

I think I did a lot of ... like my goal at the time was to make it like it hadn't happened. So, you know, not think about it, not talk about it. Like, [I] literally threw away the clothing I'd been wearing that night.

Alex talks about how after the experience of sexual violence, they returned to their parents' house:

It was good because I felt supported but also challenging because then I wanted to pretend that nothing had happened because nobody asked what was wrong or what had happened. I was lying awake that night staring at the ceiling trying to figure out what happened to my life, and [then I didn't talk] about it for years.

Danika reflected on her rationale for avoiding and not disclosing to anyone by articulating, "For a while there I was like, 'Do you hate yourself so much that you couldn't call this what it was?'"

Without a venue to discuss the trauma and with mixed feelings about what happened and an inability to name or articulate the pain they had experienced; participants did what they could to avoid the situation. The pain, loneliness, guilt, and self-deprecation they were feeling is reflected in their words. This emphasizes the importance of post-secondary institutions providing a safe space through policy and to support those that are impacted by sexual violence.

Validating

The process of coming to terms with the fact that what they experienced was sexual violence was a process for all the participants. The question remains that if the post-secondary institution in which they were attending provided more relevant policies and messaging, would these victims/survivors access supports and therefore receive validation in a timelier fashion? Many participants discussed the length of time it took for them to come to terms with their sexual violence. Jessica explained,

I think the biggest, not so much negative impact but the biggest struggle surrounding it was just realizing it for what it was. It took me about—I want to say about 6 to 8 months to ... to realize that it really was, you know, a sexual assault and that all the things that I had believed about it were completely untrue, and it was a real turning point for me.

Dawn reiterated, "It is easier to see other people's experiences and validate and to really see all of it than to see your own for some reason. Which is sad. That is how it was for me at least."

For others, naming the violence took years or decades to process. Zara expressed an inability to name the sexual violence experience until years after it was validated with the term “stealththing.” Zara stated,

You know, it’s only very recently ... in the last year ... that I learned this term stealththing. You know, I read a news story and then another news story where some court, I think in Ontario, ruled that that was sexual assault, and that was bizarre. That was very satisfying to me because I always knew it was, but I never ever heard a conversation about it or a news story about it.... Reading that news story was just satisfying because it was that final answer. It was okay [for me] to be as upset as I was.

Being able to validate that they had experienced sexual violence was reassuring for several individuals. Being able to name the violence provided them with a launching point to start them on their process of recovery and assisted them to begin to work through some of the pain they were experiencing, a process we reflect on in a separate manuscript (refer to Manuscript #4). Unfortunately, many of our participants did not receive this validation until much later in their lives. Although all of them were successful in their chosen diplomas and degrees, many of them commented on how much the violence had impacted their ability to reach their full potentials and thrive within their programs.

Discussion

This manuscript explores the narratives of six victims/survivors while simultaneously reflecting on the policies, messaging, and procedures regarding sexual violence reinforced at the educational institution they were attending at the time of their victimization. The narratives and the policy review not only emphasize the existence of rape myths but also highlight the context of the educational institution that did not see, support, or provide any kind of education for students that experience sexual violence. Although all the victims/survivors in this study are now able to name their experiences as sexual violence, at the time of the incident, similar to the findings in other research studies, our participants grappled with naming, disclosing, and validating their experiences, which for some caused reluctance to speak about their experience and find support (Anderson & Overby, 2021; Dworkin et al., 2017). As an example, it is important to consider that for Zara, the term “stealththing” did not even exist when she had experienced sexual violence. This reluctance to speak up because of the difficulty naming and validating their violence influenced the way that they perceived themselves and their ability to

cope through the trauma.

As described, societal understanding, sexism, patriarchy, and hegemonic norms all perpetuate rape myths. Therefore, it is impossible to imply that the policies and procedures reported on in this manuscript were the sole reason that our participants perceived their sexual violence experiences in the way that they did. Rather, those policies and procedures provide insight into the circumstances, resources, and dialogue that was occurring regarding sexual violence at the time of our participants' victimization. The fact that the institution had one sexual harassment policy only, specifying just one negative incident in the spectrum of sexual violence, is problematic to say the least. It is also problematic that although our participants all experienced sexual violence while attending post-secondary educational institutions, none of them reported to or accessed support from these institutions. The vague wording of the policy and lack of important definitions such as of sexual assault and consent is something noticed in other policy reviews conducted in other jurisdictions (Perkins & Warner, 2017). The lack of description regarding sexual violence causes victims/survivors to not report their experiences or seek resources through their post-secondary institutions because of a lack of clarity (Cruz, 2021; Weiss & Lasky, 2017). This is a failure on the part of the institution: As mentioned, 25% of women or gender marginalized individuals experience sexual violence in post-secondary institutions. Therefore, it is the post-secondary institution's responsibility to ensure that the climate on campus reflects inclusive, welcoming, safe, and secure environments for all individuals. There is a need for explicit language in policies and definitions of sexual violence, with examples where appropriate, so that students are able to recognize their experiences and seek out the appropriate supports (Donde et al., 2018). Additionally, educational initiatives, like bystander programs and gender-based educational programs, need to be implemented more effectively and consistently to help shift the misogynistic environment (Orchowski et al., 2020).

The emphasis on malicious or fraudulent reporting in both policies (Table 8) could be a deterrent to victim/survivors reporting their personal experiences. As suggested by our participants, naming and validating sexual violence experiences are difficult due to the influence of societal rape myths. When you consider the confusion victims/survivors face about sexual violence experiences, institutions that provide warnings that malicious or fraudulent reporting is punishable creates another barrier for help seeking. When an individual is already having difficulty recognizing their sexual violence and labelling their trauma, being dismissed, or not

believed becomes traumatizing. Many of our participants reiterated this thought by indicating that they did not know who would believe them. Dawn emphasized this with the negative reaction they received from one of the people they chose to disclose to. The narrative that punishment will be given to anyone that provides malicious or fraudulent reporting is a barrier within sexual violence and sexual harassment policies because as previously noted, fraudulent reports are rare, reporting sexual violence is rare, and victims/survivors are often fearful of secondary rape when reporting (Anderson, 2005; Lonsway, 2010; Weiser, 2017). Incidents where individuals are charged or reprimanded for false reports are extremely rare, which combat “the disproportionate amount of concern over false allegations” in policies and societal narratives (Weiser, 2017, p. 54).

Apart from the institutionally driven policies, there was also a common thread within the Students’ Union handbooks. The handbooks indicated that the Students’ Union recognize and mention the dangers of institutionalized sexism, and they attempted to define and provide resources for a broader range of sexual violence experiences. Furthermore, the handbooks include the internal policy but also reference external resources that may be of assistance to students. However, the messaging is inconsistent; on one hand they are providing clear definitions of date rape as well as indicating the statistics of date rape experiences, but then on the other hand they are perpetuating the “stranger danger” norms of rape myths by including “tips” that only involve staying safe from strangers. By providing safety tips that focus on what women can do to protect themselves, the narrative remains that women are responsible for rape and rape myths persist (Filipovic, 2019). As Jessica mentioned, validation of sexual violence is difficult for a lot of victims/survivors; therefore, providing more nuance within student documents about what constitutes sexual violence, the importance of reaching out for support, and messaging that focuses on empowerment, voice, and choice are better suited for the current climate of sexual violence prevention (Lee & Wong, 2019). Additionally, sexual violence policies should focus on engaging with organizational culture rather than simply outlining the processes of complaint to dismantle rape culture on campus (Bondestam & Lundqvist, 2020). The emphasis for all types of policies, procedures, and messaging at the institutional level should be to ensure that students are learning about sexual violence, the appropriate responses to sexual violence, and how to prevent it in the classrooms rather experiencing this type of trauma in their own lives.

Conclusion

By not clearly defining sexual violence and allowing the culture of misogyny to remain, post-secondary institutions are silent, and this silence perpetuates rape myths. This retrospective analysis of university policy and student handbooks with the experiences of victims/survivors provides clues into the resources, messaging, and policies available to victim/survivors from 1990 to 2010 on sexual violence. Although this is not an indicator of current policies, the consistent rates of sexual violence, the perpetuation of misogynistic thought, policy blunders of Canadian post-secondary institutions in handling sexual violence, and the continued deficit in individuals reporting sexual violence indicate that more work needs to be done within post-secondary institutions to change the institutional climate. Brandon University does now have a policy that was first approved in March of 2017 that is specifically called “Brandon University Sexualized Violence Policy.” This document clearly defines sexual assault, sexual violence, and sexual harassment. It also provides information on consent and uses the guiding principles of a trauma-informed approach, victim/survivor-centred approach, culture of consent, safety for all, prevention through education, and due process (Brandon University, 2018). However, at the time of the writing of this manuscript, the interim protocol lacks specificity, and there is a lack of transparency on the website as to the ways in which the protocols have been implemented (Brandon University, 2017). For instance, the protocol refers to a sexualized violence response team, but there is no indication of who is involved with that team anywhere on the website or within the policy. Additionally, the protocol refers to a chief human resources officer, and Brandon University does not have anyone with that title currently in employment.

Sexual violence cannot be a policy afterthought; ensuring that campuses are safe for gender-marginalized individuals and that campuses remain violence and harassment free need to be priority. The respondents within our study show the importance of breaking down rape myths, providing voice to victims/survivors, and creating a culture on post-secondary campuses that is supportive. Continuing the status quo and insisting that sexual violence prevention can be done off the side of an already overworked sector is not the way forward. The safety of our students is dependent on policies, procedures, and positions that emphasize sexual violence prevention.

Chapter 5: Preface to Chapter 5

This chapter includes the manuscript “The Healing after Hurt: Messages from Victims/Survivors of Sexual Violence on how to Recover and Cope.” This manuscript references commonly utilized theories of trauma-informed and recovery-oriented practice that highlight the importance of learning from those with lived experiences. The narratives of the participants provide insight into the reactions, comments, and actions they feel are necessary when responding to sexual violence disclosures. Sexual violence has a lasting impact on victims/survivors and healthcare providers, including psychiatric nurses, need to be aware of how their actions during disclosure have the potential of being re-traumatizing if they are not appropriate, trauma-informed, and anti-oppressive. Therefore, learning from those with lived experience provides insight into the ways in which psychiatric and mental health nurses can respond in a recovery-oriented, trauma-informed manner to disclosures.

Dr. Deborah McPhail, Dr. Christine Kelly, and Dr. Shawna Ferris informed research design. I conducted the research, analyzed the findings, and wrote the first draft of this manuscript. Drs. McPhail, Kelly, and Ferris provided editorial feedback and manuscript revisions.

This manuscript has been prepared for submission to a peer-reviewed journal with a focus on psychiatric and mental health nurses.

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Healing the Hurt: Messages from Victims/Survivors of Sexual Violence on how to Recover and Cope

Sexual violence continues to be an ongoing, pervasive issue that predominantly affects those marginalized by gender (women, Two Spirit, trans, and gender nonbinary individuals; Coulter et al., 2017). Close to one in four women will experience sexual assault, a form of sexual violence, before the age of 24 (Muehlenhard et al., 2017). “Sexual violence” is an overarching term that includes any sexual act that is unwanted by the victim/survivor²² including rape, attempted rape, sexual assault, exploitation, intimidation, coercion, and sexual harassment (World Health Organization, 2017). The connection between a woman experiencing sexual violence and future ongoing mental health and wellness difficulties, including post-traumatic stress disorder (PTSD) and substance abuse, have been well-documented (Amstadter et al., 2011; Brown et al., 2009; Combs et al., 2014; Davidson & Gervais, 2015; Franklin, 2010; Neilson et al., 2017; Peter-Hagene & Ullman, 2015; Reis et al., 2017). Other lasting impacts include an impact on personal relationships (Jeffrey & Barata, 2017); increase in maladaptive behaviours (Combs et al., 2014); overwhelming feelings of self-blame and shame (Padmanabhanunni & Edwards, 2016; Reis et al., 2017); difficulties with sexual satisfaction (Neilson et al., 2017); and disruptions in sense of personal safety (Franklin, 2010; Messman-Moore & Brown, 2006; Spohn et al., 2017). Drawing on a qualitative trauma-informed study this article provides valuable on how victim/survivors of sexual violence survive and cope, which will support PMH nurses to respond more appropriately to disclosures of sexual violence. Additionally, individuals that experience sexual violence in the future may be able to find comfort or support through the stories of resilience shared by victims/survivors. Lastly, exploring the narratives of victims/survivors more intensely may shift societal understandings of rape myths, changing the culture of disclosures more broadly for all that experience this type of violence.

Recovery from Sexual Violence

Nonetheless, even with the added layers of complexity, most victims/survivors do achieve a reduction in negative symptoms associated with sexual violence over time (Stensvehagen et al., 2019). Numerous studies have focused on healing and recovering from

²² The term “victim/survivor” represents individuals who have experienced sexual violence because the term “victim” and the term “survivor” both have negative and positive consequences for victims/survivors (Thompson, 2000).

sexual violence, especially when the violence occurs in childhood. In a metasynthesis of 51 qualitative studies with victims/survivors from diverse genders and sexualities, Draucker et al. (2009) determined that healing from sexual violence includes the domains of managing memories, interacting with others, seeking safety, and re-evaluating the self. Sinko and Saint Arnault (2019) determined women describe healing from gender-based violence (specifically sexual assault, domestic/dating violence, child abuse, and sexual harassment) within the categories of reconnecting with the self, others, and the world. Both recovery theories mentioned have roots in the feminist, trauma-informed recovery principles first outlined by Judith Herman (1992/2015), which include establishing safety, reconstructing the trauma story, and restoring the connection between victim/survivor and the community. PMH nurses need to consider elements of trauma-informed care and recovery-oriented practice when providing support to sexual violence victims/survivors.

Trauma-Informed Care and Recovery-Oriented Practice

Trauma-informed care and recovery-oriented practice are distinct concepts with overlapping fundamental principles, and both are integral parts of PMH nursing practice (Graham et al., 2020; Muskett, 2013; Reeves, 2015; Stacey & Sticklely, 2012). The core principles of trauma-informed care are safety; trustworthiness and transparency; peer support and mutual self-help; collaboration and mutuality; empowerment, voice, and choice; and cultural, historical and gender issues (Substance Abuse and Mental Health Services Administration, 2014). Trauma-informed care, when integrated appropriately into services, recognizes the presence or potential for trauma in all individuals and provides psychologically safe practice that will not be retraumatizing (Isobel & Edwards, 2016). Recovery-oriented practice integrates the fundamental principles of hope, empowerment, choice, and self-determination into all interactions (Glover, 2012) and insists that practitioners need to practice in a person-centred, strengths-based, collaborative, and reflective manner (Farkas, 2007). One method utilized to promote recovery-oriented practice in nursing educational programs is to provide opportunities for students to learn from those with lived experience of mental illness to break down stigma and provide chances for positive interactions (Graham et al., 2020; Happell et al., 2017; Knaak et al., 2016).

Psychiatric Nursing Practice and Sexual Violence Disclosures

Once PMH nurses are practicing, there are often moments where disclosure of sexual violence may be initiated. For instance, inpatient assessments within mental health settings often include a section asking about abuse history (Agar et al., 2002). Therefore, the chances are high that PMH nurses will encounter individuals with a history of sexual violence in mental health services, indicating a need for these professionals to be familiar with talking about sexual violence and to ensure that they know what constitutes an appropriate response to disclosures to minimize the chances of retraumatization. Lanthier et al. (2018) conducted a literature review of 23 manuscripts that identified unhelpful responses to disclosure of sexual violence. Unfortunately, the findings of Lanthier et al. indicated that health care providers continue to conduct harmful actions towards victims/survivors of sexual violence, such as blaming the victims/survivors and minimizing or dismissing their disclosures. Additionally, participants within that study also emphasized that they felt the health care practitioners started to treat them differently after their disclosures of sexual violence. The health care providers represented in that literature review were physicians, nurses, nurse-midwives, and physical therapists.

In another study of 43 health professionals with 20 nurses in Australia, the researchers found that health care practitioners' responses to disclosures of sexual violence vary, with some individuals responding appropriately but others continuing to disparage disclosure or acknowledge them appropriately but not fully understand the complex nature of those disclosures (O'Dwyer et al., 2019). Clearly, there is still more work to be done to ensure that health practitioners, including PMH nurses, are validating disclosures, providing emotional support, and connecting individuals to the correct support systems (Cleary & Hungerford, 2014; Lanthier et al., 2018; O'Dwyer et al., 2019). From the responses of health care providers discussed in these varying studies, it becomes apparent that there are still too many victims/survivors that are experiencing negative or inappropriate reactions to disclosures in environments that are meant to help them to survive and heal through their trauma. The perpetuation of rape myths within the settings that may be influencing the responses of health care providers require intervention.

Retrospective analysis of how victims/survivors cope through sexual violence provides insight into what constitutes healing and recovery to those individuals. Learning from the lived experience of victims/survivors to foster environments that are supportive and responsive to victims/survivors based on these insights may decrease the negative reactions caused by rape myths and increase the prevalence of disclosures. Additionally, it may provide direction for

health care providers with respect to more appropriate ways to respond to individuals that have disclosed sexual violence. This manuscript explores the narratives of victims/survivors to identify common themes and reinforce important concepts about recovery from sexual violence for practitioners and society more broadly to consider when responding to disclosures of sexual violence.

Methods

The authors of this manuscript used trauma-informed qualitative research methods with a feminist perspective to explore the retrospective narratives of individuals who had a sexual violence experience in post-secondary education. There has been a shift to utilize trauma-informed principles in research with trauma survivors (Campbell et al., 2019; Goodwin & Tiderington, 2020; Nonomura et al., 2020; Voith et al., 2020). Trauma-informed research considers and acknowledges that research is a place for testimony, and the researcher engages with the participant in an empowering and non-traumatizing manner (Appelbaum, 2008; Goodwin & Tiderington, 2020). Integrating a feminist perspective into the trauma-informed methods provides space for marginalized genders to be a voice and source of knowledge, positions victims/survivors as the experts in their own experiences and empowers victims/survivors to tell their stories on their own terms (Campbell & Wasco, 2000; Jaggar & Wisor, 2014).

Participants

Following ethical approval from Brandon University (#22246) and University of Manitoba (#H2019:025), recruitment for this study occurred through a variety of methods, including letters sent by Alumni services, posters in the community, and advertisements on social media. The first author included participants in the study if they self-disclosed an experience of sexual violence while in post-secondary education and they graduated from a post-secondary educational institution between 1990 and 2010. Ensuring that a decade or more had passed since the victim/survivor's sexual violence experience allowed for retrospective analysis. One of the participants did not want their demographic information to be tied to their narrative, and following trauma-informed methods, this was respected. Therefore, Table 9 provides a summary of the demographic information for the ten individuals that participated in this study. All the participants were asked to provide pseudonyms for their narratives, four chose to use

their real names, and some chose names with meaning to them, whereas others asked the researcher to choose a name for them.

Table 9: Participant Demographics

Category	Participant Identification	Number of Participants
Gender²³	Female	9
	Female-ish	1
Age	30–39	6
	40–49	2
	50–59	1
	60–69	1
Race	Caucasian	6
	Indigenous	4
Highest Education	Diploma	4
	Undergraduate	4
	Graduate	2
Sexual Identity	Heterosexual	7
	Polyamorous	1
	Bisexual	1
	Queer	1
Current Employment²⁴	Mother	5
	Educator	6
	Nurse	2
	Student	2
	Trade-Based Employment	1
	Non-profit Employment	1

Data Collection and Analysis

²³ The question for gender was open ended. The responses of “female” and “female-ish” are the participants’ own words. After the interviews, as demographics were not collected with the transcripts, the primary investigator was not able to ascertain the appropriate pronouns for the participants. Hence, for the entire manuscript the pronouns “they/them” are utilized.

²⁴ Two participants had employment roles that fell into more than one category; all the categories mentioned by the participants are included in the table.

Semi-structured interviews that ranged from 55 to 115 minutes included questions about the participants' current lives and relationships as well as the overall impact the sexual violence had on their lives. Additionally, one question asked the participants to reflect on what they would tell a post-secondary student that had recently experienced sexual trauma to help them to get through the experience and find a way to cope with it. The latter question is the emphasis of this manuscript. The interviews started with an informal conversation that allowed participants to get to know the researcher and ended with a debriefing (Campbell & Wasco, 2000). Both the pre- and post-conversations were not audio recorded; rather the first author, Candice Waddell-Henowitch, took field notes to capture important points. Participants received a \$20 gift certificate to a retailer of their choosing and a brochure that included self-care strategies, information about coping through trauma, and local resources and supports at the end of the interview.

Table 10: Phases of Reflective Thematic Analysis

Analysis Phase	Ways the Phase Occurred
Phase 1: Familiarization with the Data	<ul style="list-style-type: none"> • Listening and relistening during transcription
Phase 2: Systematic Coding	<ul style="list-style-type: none"> • Using NVivo software—The first author identified 54 codes from the ten transcripts
Phase 3: Initial Themes Phase 4: Developing and Reviewing Themes Phase 5: Refining, Defining, and Naming Themes	<ul style="list-style-type: none"> • Reading and rereading the codes and the field notes • Drafting topics, which emerged in the three phases of theme development
Phase 6: Writing the Report	<ul style="list-style-type: none"> • Forming three distinct manuscripts through developed topics. The themes in this manuscript fit under the overarching topic of healing from sexual trauma. Other topics were the lasting impact of sexual violence and naming trauma (see Manuscripts #2 & #3)

Note. Adapted from Braun & Clarke (2020).

The first author transcribed each interview verbatim. Member checking occurred after interview transcription and then again after the final themes. Reflective thematic analysis

occurred through a six-phase process (Braun & Clarke, 2020; see Table 10). This method of analysis approaches research experience and knowledge as a resource while also ensuring the researcher's perspective does not dominate analysis (Braun & Clarke, 2020). Trauma-informed methods with a feminist perspective provide space for victims/survivors to share their personal experiences of sexual violence in a safe manner and encourage them to reflect on the ways in which they have coped through this trauma.

Findings

Understanding the ways that victims/survivors heal and cope through sexual violence provides crucial information that could help PMH nurses to respond more appropriately to disclosures of sexual violence. The themes of finding ways to talk about it, being in control of your own recovery, understanding your own worth, and getting through the self-blame and shame are the suggested healing strategies outlined by those that have experienced sexual violence. Additionally, the retrospective description of how individuals coped through sexual violence provides insight into how those that have lived through the experience would support other victims/survivors.

Finding Ways to Talk About It

Participants discussed the importance of finding someone to talk to about personal experiences of sexual violence. They also discussed the environments and negative thinking that influenced their experiences of disclosures and the situations where they felt supported to talk to others about their sexual violence. Alex describes their difficulties disclosing:

Even many years later ... that deep feeling in your gut ... tells you that it is so wrong and so violating that you can't even find the words to explain what happened and explain what happened in a way that is actually what happened, because I don't fully remember. There are pieces that I remember so incredibly clearly, and then there are pieces that I wonder about. I mean, when did it actually end? I don't know. Eventually he was gone. I think because I didn't tell the police, once I didn't tell one group of people, then I felt like I couldn't tell anyone because they would wonder, why didn't you tell the police? I don't have an answer for that. I just know that I didn't, and I didn't want to.

Alex describes the reluctance to speak about their own experience because of a reluctance to talk about it at the time of the incidence. They also discussed how they still to this day do not talk about their experience with people they are close to: "That is my fear with telling my current

partner. I don't think there is an appropriate way to react to this. I don't think that there is an appropriate way to react that would make me feel good or bad or better." The fear of not having a response that they felt would be helpful was the reason that Alex did not want to tell their current partner, indicating that societal reactions greatly influence a victim/survivor's ability to disclose sexual violence.

Dawn expressed positive reactions from romantic partners through the years that supported them and helped them to talk openly about their trauma. Dawn also expressed a negative response to a disclosure from a general practitioner. The response from this general practitioner influenced Dawn's ability to access future medical support and caused them to wait almost a decade before seeing a gynecologist. Dawn explained,

So, I was really worried. I went to the doctor, and it was a very negative experience.

Maybe I didn't word things the right way, but I was trying to advocate for myself. I told him I didn't have unprotected sex. For starters, I don't have unprotected sex with guys, so right off the bat you are in the wrong lane. He kept trying to imply that it was my fault that I might be pregnant. And there was no empathy. It was, "You have to do this HIV test," "You need to do this." And I was like, okay, I understand that I need to do this, and I will do it, but you are being a super dick about this whole situation. More than that, he kept implying ... this is your fault that you had unprotected sex. Like seriously, I had the option to tell my rapist to pause for a few minutes so that he could put on a condom?

Whereas Dawn's experience disclosing to a general practitioner was quite traumatic, Grace's experience was the exact opposite. Grace states,

I walked into his office and as soon as I looked at him, I burst out crying. He said,

"What's the matter, Grace?" I said, "I'm losing my mind, and I am going crazy." He said,

"Grace, you are not losing your mind, and you're certainly not crazy." Automatically, I trusted him. I trusted him, and everything just came pouring out. I still go see him to this day.

The understanding nature of the general practitioner with Grace allowed them to express their experiences truthfully, which helped in their recovery. Ellen describes a different experience of wanting to tell others but not knowing how to approach it or how to share their experience of sexual violence.

I had tried to tell other people often, like a girlfriend or like a roommate, because they—I'm sure they noticed, like, a pattern of behaviour that they didn't think was healthy and, you know, would say wonderful things like “you know I'm here if you ever need to talk,” and I would try to talk.

Ellen goes on to describe the moment in time where they were able to tell their story for the first time because they felt safe to talk openly:

Somebody else opened up a space where it was okay to have a different conversation. I didn't think that I would ever get to that place, and I had honestly made peace with the fact that I was never going to have that.... Try even though it's hard to be open to the experiences and receptive when it's safe. Also know that you're going to struggle with feeling safe, probably always.

Zara was another participant that did not speak about their experiences of sexual violence. For Zara, recognizing and naming the sexual violence interfered with their ability to discuss the violence:

Again, it's one of those clichés that is only meaningful once you experienced it. But talking to somebody makes you feel like there's not something so wrong with you after all, and that is what I did not do. Like I said, not only until this year when I heard [stealth] called a crime did I get that satisfaction. So, I wouldn't want someone to have to wait 20 years to get the satisfaction of hearing that it was super wrong what the other person did.

For Zara, the feeling of satisfaction in naming the violence provided clarity and closure, but they also recognized “the ability to talk to somebody else. When you hear your own voice, saying things aloud brings clarity. Even if it's not how well or badly they respond to what you're telling them.” Zara saw the importance of talking about sexual violence with others, even if that is not what they chose for themselves. Other participants also expressed that message: “Talk to someone. Maybe a stranger. Whatever you feel most, you need to tell one person you trust. Just tell one person. You will feel better” (Danika). Although Alex had difficulty finding someone to talk to, they also describe remorse in not talking about their experience sooner:

Don't wait to get help. Like, the sooner you start talking about it, the sooner you start processing what happened, the more helpful it can be. If you don't get help, you will lose those years, and you can't get that time back.

Talking about experiences of sexual violence is complicated. All the participants took different approaches to discussing their personal experiences. Some talked openly with friends and family, others kept it hidden inside, and many grappled with the conundrum of to tell or not to tell. None of the participants disclosed their experiences of sexual violence to law enforcement, and none of the participants pressed charges against their perpetrators. This lack of reporting to authorities is very common amongst sexual violence victims/survivors, highlights the rape myths that perpetuate institutions, and influences how victims/survivors access these services. The inability to find safe places to disclose impacts how individuals identify and talk about their own experiences of sexual violence. Despite their own history of disclosure, all the participants saw value and merit in talking about their experiences of sexual violence and felt this was important in recovery. Another aspect these victims/survivors felt was important is feeling in control of their own recovery process.

Being in Control of Your Own Recovery

The idea of control is not a new concept in sexual violence healing (Draucker et al., 2009). One of the reasons the act of sexual violence is so heinous is that autonomy and personal control is removed from victims/survivors (McPhail, 2016). This lack of autonomy, human dignity, bodily integrity, and freedom of choice over the treatment of one's own body is often what causes the residual aftereffects of sexual violence (Correa & Petchesky, 2014). Therefore, with the removal of personal choice in the act of sexual violence, it is not surprising that our participants described choice as an important concept and a facilitator in recovery:

I think that when you tell someone, I think that the fear is that the other person will want to do something about it.... I don't need your advice, and I don't need pressure to do something or not to do something. I need you to listen and to listen to try to understand that this recovery is my recovery. It is not yours, it is not somebody else's, and it is going to look different for everyone. (Alex)

Britany was one of the participants that didn't talk about the violence when it happened. When asked to reflect on what they would do to support others, they indicated,

You can listen to hear, or you can listen and try to compare, and I would want to listen to hear. It would be more, what do you need from me? What can I do to help you to move on? What do you need? Do you need to tell me now and then throw it in the back of your mind forever knowing that I know? Do you need me to help you to get to counselling? ...

Everybody is different. I mean, I would have never come to talk to you about this last year. I never would have. Right, I would never be in this state to talk about it.... I don't want to ask you if you want to press charges. I don't want to add that to the burden. I mean, it took me years to come to terms with what had happened to me. I knew automatically what it was, but it took me a long time to wrap my head around it.

Britany discusses the need for control over the response to sexual violence, allowing the victim/survivor to make choices for themselves concerning what they need to recover. Dawn discusses a different type of control and expresses the negative reaction they had when not in control. Years after Dawn's sexual violence encounter, an old roommate sent an email to Dawn acknowledging the sexual violence and apologizing for not talking about it at the time. For Dawn, it was the lack of choice within that conversation that was traumatizing, and choice became an important part of all efforts to talk about their experiences. They described,

I mean that our consciousness needs to shift about it. I would never tell someone that they have to talk about something. Whatever, it is that person's choice. I think having that choice is probably super important, you know, at that time, where no one is pushing. I mean, in the same way that the email like three or four years later came blasting at me. I mean, you have to be aware of the impact of it and the tiniest things might have a lasting effect.

All of the participants described this need to be in control of their own story and their own recovery. They felt that was an important message to pass on to other victims/survivors, support persons, and the public. Being in control of recovery is only one aspect of the recovery process (Orchowski et al., 2013); additionally, participants indicated that understanding your worth both after sexual violence and prior to sexual violence as a prevention method was important.

Understanding Your Worth

Participants reflected on their own experiences of sexual violence, and they highlighted the importance of understanding your own worth and helping new generations of young women to understand theirs. For instance, Joy explained,

I would want them to know that they are beautiful and that this is no reflection of their worth. That they are worthy of respect and love and kindness and support. That they are someone's daughter. That they are worthy of support and whatever it takes to deal with it. I hope that they have those tools available and that they use them. Try to reach out as best

they can. If they can't right now, that's okay too. They will know when. But number one, [sexual violence] takes a hit on your self-esteem, so they are worthy of love and a kind, gentle, respectful relationship.

Another participant stated,

My first boyfriend—he did bully me into sex.... I don't want to say I felt worthless, but I did feel worthless. You know in a sexual relationship as a young teen girl, you are just there to do what you need to do, you are there to please someone else, and I think that carries on and in a way almost feeds the way that we perceive assaults ... which is terrible, but that feeds into the way that we justify things, so [have] conversations with teens in a manner ... to make sure that young girls understand their worth. (Danika)

Lastly, Jessica stated,

You do have the right to end a relationship if someone is not respecting you, and you do have a right absolutely to put boundaries on yourself in terms of what kind of sexual activity you're okay with.... I think that is something a lot of young people don't quite understand. It can be a very empowering thing to decide for yourself what you think is right or wrong and what you are okay with and not okay with.

Understanding their worth and knowing how to set boundaries around themselves and their bodies was a message that many of the victims/survivors wished they had heard at the time of their own sexual violence experiences. For many of them, understanding their own self-worth took years to materialize. Part of the process of understanding their own worth was also dealing with the self-blame and grief they were experiencing as part of the trauma.

Getting Through the Self-blame and Grief

Many of the participants reflected on the fact that sexual violence is not the victim/survivor's fault but that rape myths and rape culture influence how victims/survivors see themselves. The emphasis on shame and blame aligns with many of the common rape myths. For instance, Darlene states, "I would want them to know that it is not their fault. That there is shame. I know that shame, but it is not their fault." Jessica and Britany reiterated this idea of self-blame. Jessica stated,

I know there's a lot of bad teaching out there, and I know I've been on the receiving end of some of that bad teaching, and one of the things that stick out to me is that once you start it's almost impossible for a man to stop, which is absolutely false. It is absolutely

putting the blame on the victim because a man is responsible for his actions and a man can stop. (Jessica)

Others comment not on self-blame about the act of sexual violence but the self-blame for alternative coping mechanisms they utilized to try and get through the experience. For instance, Joy said,

Don't blame themselves for any negative behaviours they may have taken on, like drinking, drugs, or smoking, because coping takes different forms and it is not always healthy coping, and that is okay too. So not to judge themselves for the way they coped ... if they did reach out to me, that's huge in of itself, so thank you for sharing that precious, hard, terrible incident.... Let me help carry you. Let your girlfriends carry you. You're worth it.

Others attribute recovery with processing grief and reassured victims/survivors

that the feelings associated with sexual assault do get better or at least lessen. In the same way that when you lose somebody really close to you and you miss them, and you hurt and you grieve for them a lot in the beginning. But eventually that sort of gets staggered and eases over time, and you're not thinking about them every day. (Ellen)

From the messages to victims/survivors, we can see that different participants were grappling with different feelings and emotions in their own recovery. Some stressed self-blame, others stressed guilt around coping mechanisms, and some stressed the grief that is experienced through this type of trauma. Participants' recovery from the sexual violence and the advice that they give others experiencing the same type of trauma is as individual as the experiences themselves. Nonetheless, the themes of finding ways to talk about it, being in control, understanding your self-worth, and getting through the self-blame and guilt resonated with all participants. These themes are important for PMH nurses and other practitioners to understand to integrate through assessment, intake, and support sessions with victims/survivors.

Discussion

The retrospective analysis of this research study provided opportunity to hear from victims/survivors of sexual violence at least a decade after their experience. Participants were able to reflect on their current situations, relationships, employment, and the lasting impact of their own sexual violence experience to provide insight into recovery. Similar to the findings of Draucker et al. (2001), participants highlighted that interacting with others and finding someone

to talk to is an important phase of recovery. Knowing the prevalence of sexual violence and the hesitancy of many to disclose to formal services, PMH nurses need to reflect on ways that they can make assessments more trauma-informed to support disclosures. Additionally, providing reassurance and validation to those that struggle with identifying their own experiences is important. Lastly, being familiar with resources to share these with victims/survivors immediately will also assist individuals in their healing processes.

Our participants recognized the need to talk about their experiences of sexual violence but also grappled with deciding whom to trust with their stories. The negative implications of rape myths at the time of their violence made them fearful of negative reactions, which rendered them silent (Ullman et al., 2020). The internal processes of our participants, surrounding internal shame, self-blame, difficulty labelling the violence, fear of not being believed, or not knowing how to talk about it influenced their own disclosure experiences. Other researchers indicate that these experiences are directly related to the social environments and rhetoric that indicate there will be negative outcomes for victims/survivors and no outcome for perpetrators (Allagia & Wang, 2020). For some of our participants, there was remorse: In the time they felt they had lost by not disclosing, they indicated that if they had disclosed their sexual violence earlier, they may have started the recovery process sooner. The participants emphasized the importance of victims/survivors seeking out that one person that they can talk to, the one person that will validate their experience, trust their narrative, and provide a safe space for them to disclose, even if it means trying a few different individuals before finding that person.

Those that did disclose within this study felt compassionate responses without judgment were the most beneficial. Problems arose in their physical and mental health when they had negative, antagonistic, and abrupt responses to disclosure. This is understandable as sexual violence is “inherently dehumanizing; therefore, treatment for this violence must include actions that preserve dignity and client agency” (McAllister & Vennum, 2021, p. 12). Participants insisted that compassionate responses also required providing victims/survivors choice and autonomy in the process. Both Britany and Alex reiterated that they felt care providers or witnesses to sexual violence disclosures needed to “listen to hear.” They wanted care providers or other individuals to truly listen and validate their experience and not to focus their energy on how to fix them. Ensuring that victims/survivors have control and agency in their recovery can happen in a variety of ways by first listening to their stories then asking them what they feel they

need, providing a variety of options and reiterating that everything is their choice and that nothing will be done that makes them feel uncomfortable (Munro-Kramer et al., 2017).

The participants discussed the importance of countering negative narratives by promoting victim/survivor personal worth, minimizing self-shame, and understanding their grief. Draucker et al. (2009) describes a similar concept in their process of restoration, which is preserving the essence of the individual's identity while also repairing the damage caused by the environment. Allowing victims/survivors opportunity to embrace and navigate both the negative and positive emotions associated with sexual violence are one of the keys to successfully navigating healing and recovery (Draucker et al., 2009; Sinko, Munro-Kramer, Conley & Saint-Arnault., 2020). For our participants, they described the importance of acknowledging and encouraging not only these concepts in the aftercare of victims/survivors but also in the prevention of sexual violence. The participants indicated there is a need for more emphasis on promoting young women's self-worth and articulating of boundaries and choice within sexual relationships. Other authors have reiterated our participants' suggestions and pushed that concept further by insisting that sexual education programs in younger years need to concentrate on healthy, consensual sexuality and the identification that sexual relationships are something those consenting individuals share with one another rather than do to one another (Perry, 2019).

Lastly, all the participants became involved in the study for altruistic reasons and hoped that by speaking about their own experience and providing messages of recovery that they might be able to help others. Many of the participants, at the time of the study, were employed in benevolent roles, such as educators, nurses, and full-time parents; employed in non-profit organizations; or they were currently employed in educational programs at a graduate level to pursue roles within the helping professions (Dilmac, 2009; Johnson et al., 2006; McGaghie et al., 2002). Stidham et al. (2012) discovered that sexual violence victims/survivors search out and find healing in altruistic ways. Whether our participants sought these professions or engagement in this research for healing purposes is beyond the scope of this paper, but it does lend well to future discussions and research. Providing environments where victims/survivors can share their own personal stories about sexual violence more broadly could be a method of altruism that would be beneficial for victims/survivors and education for young people. Real life narratives from people with lived experience have shown to be effective in middle school environments to counter unrealistic and glamorized views of violence in popular media (Werle, 2004). Providing

opportunity for nurses and nursing students to learn from those with lived experience improves the way practitioners empathize and understand their patients and provide appropriate care (Knaak et al., 2016). Including these narratives in a course that also prepares practitioners to respond appropriately to disclosures of sexual violence, such as the curriculum discussed by Du Mont et al. (2017), may be a way to connect practitioners with disclosure narratives more intently. Whether this is a method that might break down rape myths, explore positive experiences of disclosure, and normalize discussions of sexual violence needs further exploration.

Strengths and Limitations

One strength in this study is the retrospective nature; the victims/survivors that spoke to us had lived with their experiences for years and decades, so they were able to provide meaningful information to future victims/survivors as well as caregivers and health care providers. There are also limitations in the study. The participants were from one geographical location, and they were all college and university graduates. Diversity in the experiences of participants may have provided broader messages on how to recover and cope.

Conclusion

The victims/survivors in this study shared messages that are important for other individuals that have experienced sexual violence, caregivers, and health care providers to hear. Overall, the victim/survivor messages reiterate the importance of fostering environments that empower victims/survivors to disclose sexual violence and the methods that facilitate recovery. This disclosure, as made evident by the victims/survivors within this research study, is an important part of recovery from sexual violence. Therefore, ensuring that PMH nurses have the tools and the knowledge to foster safe environments for disclosure is beneficial to all that have experienced this type of violence. Promoting environments that focus on trauma-informed and victim/survivor-centred methods while also building the empathy and compassion of these service providers is an important concept for PMH nurse educators and clinicians alike. The ultimate solution to alleviate the impact of sexual violence is to eradicate it entirely through prevention efforts; however, until that occurs, focus on intervention needs to ensure safety for victims/survivors and promote positive experiences through recovery principles.

Chapter 6: Conclusion

The #metoo and #notokay movements, the responses from health care providers to disclosures of sexual violence, and the ongoing exposés of inappropriate post-secondary educational responses to sexual violence underscore the need for institutional change in systems of post-secondary education and health. Even as I am writing this dissertation, Brandon University, where I work and where the majority of the participants attended post-secondary education, is in the news once again. Budgetary cuts prompted the reduction of the sexual violence education and prevention role on campus from a full-time position to a 0.25 position. This reduction occurred while COVID-19 was increasing the risk of sexual violence for marginalized genders (Muldoon et al., 2021) and numerous students complained about sexual misconduct by the head coach of a women's sports team (Macintosh, 2021). It is evident that the systems that continue to respond using patriarchal and misogynistic beliefs to oppress sexual violence victims/survivors need to be held accountable.

Simultaneously, scholars and advocates focused on sexual violence research continue to make space for conversations regarding sexual violence while attempting to change policies, procedures, and systems of oppression. This dissertation is one more addition to that literature. This dissertation provides ten more voices that have experienced sexual violence to the conversation. The narratives of the participants within this study provide insight into a variety of different aspects of the sexual violence problem. First, the participants provide us with feedback that strengthens the need for trauma-informed research practices within sexual violence research. This is particularly important in the realm of psychiatric and mental health nursing research as trauma-informed practice is a fundamental concept in clinical practice, yet there is currently a paucity of this form of research. Trauma-informed research minimizes distress for participants and ensures that researchers are treating research as a platform for disclosure as well as gathering empirical evidence.

Second, the narratives of the participants provide information into the lasting impact of sexual violence, including powerlessness, the internal struggle, forging new relationships, and the lasting trauma. Recognizing that there is a lasting impact to sexual violence that surpasses the perceived severity and the time elapsed since the experience legitimizes victims/survivors' experiences and provides a deeper understanding for the importance of trauma-informed and

anti-oppressive responses from health care providers, specifically psychiatric and mental health nurses.

Third, although all the participants within this study experienced sexual violence within post-secondary educational institutions, the fact that the participants did not talk about these institutions is an important finding. Post-secondary educational institutions should be an integral setting in the prevention and appropriate intervention of sexual violence, but these institutions were completely lacking in the participants' narratives. By analyzing the policies from one institution and comparing that to the narratives of naming, disclosing, avoiding, and validating sexual violence experiences, we are able to provide reflection into how post-secondary education institutions have failed in the past and provide suggestions on how they can improve in the future.

Finally, the victims/survivors in this research project provided insightful recommendations for future sexual violence victims/survivors. Their messages include themes of finding ways to talk about it, being in control of your own recovery, understanding your own worth, and getting through the self-blame and grief. The messages that the victims/survivors provide add to the literature on recovery from sexual violence and provide important messages for psychiatric and mental health nurses to ensure that they are responding to sexual violence disclosures in an informed manner.

As mentioned, the lasting impact of sexual violence requires that healthcare providers, including psychiatric nurses, have an awareness of the impact their responses to sexual violence disclosures can have on victims/survivors. Ensuring that responses are anti-oppressive, trauma-informed and recovery oriented are essential to provide wholistic and appropriate support. Recommendations from this research project are concentrated on the large institutions' mental health care and postsecondary institutions, because of the positioning of the primary researcher. The narratives of the victims/survivors within this research project produced numerous recommendations for post-secondary institutions and psychiatric and mental health nurses, alike, but could be expanded to other large institutions or additional care providers as well.

Recommendations for Post-secondary Institutions

It is a well-known fact that post-secondary institutions continue to be a setting where individuals experience sexual violence, either on campus or for students off campus (Sinko, Munro-Kramer, Conley, Burns, & Sain Arnault., 2020). Additionally, cultures of rape myths are

still present and prevalent within post-secondary educational settings, as evident by the examples used in the introduction of this dissertation (Haiven, 2017; Laychuk, 2016; Trusolino, 2017; A. Quinlan, 2017). This indicates the need for post-secondary educational settings to implement more thorough prevention and intervention initiatives. Some recommendations that resulted from the ten individuals with lived experience in this research study are as follows:

- Post-secondary institutions need to ensure that policies that address sexual violence are explicit. Clear definitions of sexual violence and examples where appropriate should be included. Those that experience sexual violence should be able to see their own experience reflected in the language of the policy.
- Post-secondary institutions need to be wary of policies that discuss malicious or fraudulent reporting. They also need to be cautious of the punishment associated with these claims. The lack of incidences of false reporting and the overall lack of reporting sexual violence in general emphasizes that concerns over false allegations are disproportionate, and emphasis on this should not be included in policies on sexual violence.
- Messaging provided to students needs to be consistent. For instance, rape myths should be defined, and examples included. When including tips about safety, post-secondary institutions need to be sure that they are not strengthening rape myths in their suggestions for safety.
- Post-secondary educational systems need to ensure that they are not perpetuating rape myths with their silence. Clear, transparent policies and public responses, rather than trying to hide or minimize public response, are important to start changing the culture of institutions.
- Transparency in policy and protocols need to be evident and publicized for all post-secondary students, faculty, staff, and community members.

Sexual violence is a systemic issue perpetuated in many institutions, which is owed to patriarchy and misogyny. For that reason, the results of this study could be used and considered by a variety of different individuals in different settings, such as criminal justice, educational settings more broadly, social services, health, and many more. Due to the positioning of the primary researcher as a psychiatric nurse and a post-secondary educator, the focus of this dissertation's

recommendations is on those that would impact post-secondary institutions and settings in which psychiatric and mental health nurses are educated and can practice.

Recommendations for Psychiatric and Mental Health Nurses

As mentioned previously, there is a connection between individuals that have experienced sexual violence and the development of other mental health conditions due to the trauma of the experience (Amstadter et al., 2011; Bartoi & Kinder, 1998; Brown et al., 2009; Clum et al., 2000; Combs et al., 2014; Culbertson et al., 2001; Davidson & Gervais, 2015; Draucker, 2001; Franklin, 2010; Neilson et al., 2017; Peter-Hagene & Ullman, 2015; Reis et al., 2017). Therefore, PMH nurses may often encounter individuals that have experienced sexual violence at some point in their lives. Ensuring that these professionals can talk about sexual violence in a way that facilitates non-judgmental and appropriate responses to disclosures are apparent to minimize the chance of harming the victim/survivor. Unfortunately, researchers have indicated that health care practitioners in general still struggle with disclosures of sexual violence and may respond in a negative manner to individuals with lived experience (Cleary & Hungerford, 2014; Lanthier et al., 2018; O'Dwyer et al., 2019). Thus, the results of the lived experience of the 10 victims/survivors within this project lead to recommendations that

- PMH nurses should consider using trauma-informed research methods. There is opportunity for PMH nurses to continue and expand the dialogue around trauma-informed research methods.
- When working with vulnerable populations or with sensitive topics, PMH researchers should work to provide familiarity with the target population to ensure that potential participants feel safe with the researcher.
- PMH researchers that use trauma-informed methods should consider providing the research questions to potential participants ahead of the interview so they can prepare for the interview and reduce the element of surprise, which could be retraumatizing.
- PMH nurses need to be cognizant of the importance of their role—they have the skills to conduct trauma-informed research. While in the role of researcher, PMH nurses should maintain firm boundaries and ensure that these boundaries are clear in the research protocols to protect the safety of participants during and after the research process.

- PMH nurses need to consider that victims/survivors of sexual violence often enter into research studies for altruistic reasons; therefore, researchers need to ensure that dissemination of results occurs in a way that promotes, and initiates change.
- PMH nurses need to recognize that powerlessness, shame, guilt, and sexuality and safety concerns are common, lasting impacts of sexual violence and provide normalization and support for these feelings through trauma-informed and anti-oppressive practice.
- PMH nurses need to be provided with education and training to be able to respond to disclosures (regardless of perceived severity or time since the event occurred) in a trauma-informed manner conducive to recovery. PMH nurses have the skills to respond appropriately to disclosures of sexual violence; however, the literature indicates that health care professionals continue to respond negatively to disclosures of sexual violence.
- PMH nurses need to consider experiences in health care that have the potential to be retraumatizing for individuals with a sexual violence history (being held down, being told to relax, and having autonomy taken away) and ensure that these experiences do not occur in any health care settings.
- PMH nurses need to learn how to deal with uncomfortable disclosures and learn how to deal with their own emotions regarding sexual violence disclosures, so they are able to respond with compassion.
- PMH nurses need to embrace the following concepts discussed by the participants in this research project and foster them in all interactions with sexual violence victim/survivors: The most important aspects of recovery are finding someone to talk to, being in control of your own recovery, and processing the shame and grief.
- PMH nurses in educational institutions need to train new PMH nurses in the concepts of rape myths, misogyny, and the lasting impact of sexual violence in order to change the perception of professionals in responding to these types of disclosures.
- PMH nurse educators need to be aware that teaching about the trauma associated with sexual violence could be triggering for some PMH nursing students considering the rates and prevalence of sexual violence among post-secondary students. Methods to

reduce retraumatization and ensure positive coping mechanisms are warranted when teaching about trauma.

Future Research

As mentioned previously, this research project answered some of the pertinent questions that I had about sexual violence, but other questions remain. The participants within this study did not report their sexual violence to post-secondary education institutions or health care service providers at the time of their experience. I am interested in learning what disclosing to these institutions is like for victims/survivors—specifically, what the positive and the negative responses are, and the impact of these responses are on their perceived recovery. Further, with the insurgence of hashtag feminism movements, targeted interviews that explore the process of delayed disclosure may provide insight into how professionals and the public can respond more appropriately when victims/survivors talk about past sexual violence experiences. Additionally, this research project flagged the concept of altruism in recovery. All ten of the victims/survivors decided to participate in this research project to help others. Most of them also indicated that they felt the process was therapeutic. I am interested in learning if altruism is a part of recovery after sexual violence: Does helping others assist victims/survivors to be better equipped to handle their own experiences? A future research question could include looking at the altruistic ways that sexual violence victims/survivors try to process their own experiences. A secondary concept, when considering altruism, is to determine if sharing lived experience in the form of self-disclosure within educational settings would be beneficial for PMH nurses as well as victims/survivors. I am also interested in determining teaching methods that would help train new psychiatric and mental health nurses on the important concepts of rape myths and the lasting impact of sexual violence. One method to achieve this would be to create a graphic novel and create case studies with victims/survivors' stories and then evaluate the impact these educational methods have on the learning of new psychiatric and mental health nurses. Lastly, more work needs to be done on trauma-informed research methods within PMH research. Defining these methods and providing opportunity for future PMH researchers to incorporate the methods into their own research designs is something that I would like to continue to research and discover.

Overall, the ten victims/survivors that participated in this research project provided a wealth of information. Their personal experiences, positive and negative, highlighted the lasting impact that sexual violence has on individuals that experience that form of violence. Their

personal recoveries and the messages they provide to future victims/survivors may assist others to process their own trauma. By writing the manuscripts directed towards audiences of psychiatric mental health nurses and post-secondary educators, the hope is that changes may occur where individuals marginalized by gender are experiencing sexual violence to promote more trauma-informed, anti-oppressive, and victim/survivor-centred practices. There is a climate for change at the current time; sexual violence victims/survivors just need the platform to continue to amplify their voices.

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Appendices

Appendix A: Letter of Invitation

Appendix B: Invitation Poster

Appendix C: Research Participant Information and Consent Form

Appendix D: Interview Guide

Appendix E: Demographic Questions

Appendix F: Self-care Brochure

Appendix G: Manuscripts Used in Literature Review

Appendix A: Letter of Invitation



Dear Potential Study Participant,

My name is Candice Waddell, and I am a PhD student at the University of Manitoba in Community Health Sciences. I am also an assistant professor in Psychiatric Nursing at Brandon University. For my PhD thesis, I am doing a research project looking at the impact of sexual assault on university women. In particular, I am interested in hearing about how women who have been sexually assaulted while in university have coped over the years following the incident.

You were contacted because you graduated from Brandon University between 1995 and 2005. As such, I am wondering if you would like to participate in my research study if, during the time you were at Brandon University, you experienced a sexual assault or sexual trauma. For this study, sexual trauma has been defined as any form of unwanted sexual activity.

I want to hear from you if you feel that you had an experience of unwanted sexual activity, regardless of the circumstances. I am hoping to hear from anybody who has had an experience of unwanted sexual activity in order to understand the impact of sexual trauma more completely. If you self-identify as Caucasian or a person of color, Black, Asian, African, South Asian, South American, Hispanic, Indigenous, First Nations, Inuit, Metis ... any nationality, race or culture, I want to hear from you. If you are heterosexual or a member of the LGBTTT2S+ community, I want to hear from you. If you are a person of ability or a person with a disability, I want to hear from you.

If you are interested in taking part in this study, you will be asked to complete an in-person interview with me. This interview will occur in a location of your choosing. I can arrange a private, quiet office at Brandon University if you prefer. I anticipate that each interview will take approximately 2 – 3 hours. This will allow time for you to get to know me before the interview starts, and a chance to debrief after the conclusion of the interview.

Your involvement in this study is completely voluntary. Your relationship with the Brandon University Alumni Services and Brandon University will not be affected in any way if you chose to participate or if you decline participation. If you chose to participate in the interview you will contact me directly. If you decline participation (by not contacting me) there will be no further contact from alumni services or myself in regards to this research.

If you are interested in participating in this study, or you have any further questions about the risks and benefits of participating please contact Candice at waddellc@brandonu.ca or phone at (204) 727 7404.

Sincerely,



Candice Waddell
E. waddellc@brandonu.ca

Candice Waddell, Assistant Professor
270 18th Street, Brandon MB, Canada R7A 6A9
204.727.7404 waddellc@brandonu.ca

February 13, 2019 v2

Appendix B: Invitation Poster



This research project is looking at the impact of unwanted sexual experiences on women.

In particular, I am interested in hearing about how women who have experienced unwanted sexual experiences while in university or college have coped over the years following the incident.

I want to hear from you if you feel that you had an experience of unwanted sexual activity, regardless of the circumstances while in University. I am hoping to hear from anybody who has had an experience of unwanted sexual activity in order to understand the impact of unwanted sexual activity more completely. If you self-identify as Caucasian or a person of colour, any nationality, race or culture, I want to hear from you. If you are heterosexual or a member of the LGBTTT2S+ community, I want to hear from you. If you are a person of ability or a person with a disability, I want to hear from you.

If you are interested in taking part in this study, you will be asked to complete one in-person interview.

Location

- I will interview you in a location of your choosing.
- I can offer a private, quiet office at Brandon University if you prefer
- If needed, we can also use Zoom Online Meeting Technology to complete the interview if an in-person meeting isn't possible

What will you need to do?

- Each interview will take approximately 2 – 3 hours – allowing time for you to get to know me before the interview as well as time after
- You will receive a gift card for participating

Are you eligible?

- Did you graduate from Brandon University, Assiniboine Community College or University of Manitoba in 1990-2010?
- Have you had an experience of unwanted sexual activity?

If you are interested in participating or have any questions about the risks or benefits please call or email

Candice Waddell:

waddellc@brandonu.ca

(204) 727 7404



UNIVERSITY
OF MANITOBA

October18, 2019v4

Appendix C: Research Participant Information and Consent Form

Title of Study: Why can't she just "get over it"? A qualitative study on the impact of sexual trauma on University Alumni

Primary Investigator: Candice Waddell
Brandon University, 270 18th Street Brandon Manitoba
(204) 727 7404

PhD Supervisor: Dr. Deborah McPhail
Community Health Science, University of Manitoba
750 Bannatyne Avenue
(204) 480 1352

You are being asked to participate in a research study that involves an individual interview. Please review this consent form and discuss any questions you may have with myself, your friends, your family or any other support people you have before making your decision. This consent form may include unfamiliar information, please ask me for clarification as needed.

Purpose of the research

This research study asks: What are the retrospective life experiences of women who encountered sexual trauma in young adulthood? The answers that you provide will be analyzed along with the other participants' answers to meet the following objectives:

- Discover the experiences of women who were sexually traumatized in young adulthood;
- Determine the impact of this trauma on all aspects of your current life;
- Discover the impact of reporting the event to the legal system, health system, friends, family or other individuals; and
- Determine factors of resiliency that are present you and the other women that helped to ameliorate your experiences.

Participants Selection

You are being asked to participate in this study because you graduated from Brandon University, Assiniboine Community College or University of Manitoba between 1990 and 2010. You also self-identified, through contacting myself, as having an experience of sexual trauma or rape while you were in University, College or young adulthood. A total of 20 participants will be involved.

Study Procedures

The method of data collection for this study is one-on-one interviews. The interviews will be conducted by myself in a location of your choosing. If you prefer, I can arrange a private office to meet in at Brandon University. Additionally, if an in-person interview is not possible because of distance, an interview will be able to be conducted over ZOOM Video Communication online technology. Each interview is expected to take 2-3 hours. This allows time to review the consent form and to debrief about the interview after. The interview will be digitally-recorded and the

audio-files will be transcribed by myself. The information on the audio-file will be kept confidential and will not be shared. The audio-files will be stored in locked files on my password protected computer. All audio-files will be destroyed within one year of completing transcriptions and the anonymized transcripts will be kept for a period of 10 years after the completion of the project.

I plan to expand this study to include other cities in Manitoba and across Canada. When these other interviews occur, it might be beneficial to compare your responses with participants' responses from other jurisdictions. Please indicate whether you consent to allow your transcripts to be used in future research below:

<input type="checkbox"/> Yes <input type="checkbox"/> No	I consent to allow my anonymized interview transcript to be used for future analysis in other studies conducted by the Primary Investigator.
<input type="checkbox"/> Yes <input type="checkbox"/> No	I would like to be notified if my anonymized interview transcript is being used in future analysis.
<input type="checkbox"/> Yes <input type="checkbox"/> No	I have voluntarily included my email address for the reasons stated above My email address is: _____

For this study, the typed interview transcript will be provided to you prior to analysis, if you would like to review it. The final results of all of the interviews will be provided to you to review, if you would like to review them. The final research project will be provided to you, if you would like to receive it. Please indicate your interest below:

<input type="checkbox"/> Yes <input type="checkbox"/> No	I would like to review my interview transcript
<input type="checkbox"/> Yes <input type="checkbox"/> No	I would like to review the final themes of the research
<input type="checkbox"/> Yes <input type="checkbox"/> No	I would like to receive a copy of the final written research project
<input type="checkbox"/> Yes <input type="checkbox"/> No	I have voluntarily included my email address for the reasons stated above My email address is: _____

Benefits

Participating in this research may not help you directly. The information that you provide will uncover and share insights about how sexual violence is experienced and recovered from as well as provide some insight into the underlying reasons why violence occurs to work towards its eradication. The information that you provide will be used to educate health professionals, other service providers and University personnel. In addition, a book on “Lessons learned from survivors” which will focus on strategies for coping and ways to work through this type of trauma is also planned.

Risks and Discomforts

There are risks associated with this research. Talking about your personal experience with sexual trauma may trigger an emotional reaction and it might also bring back difficult memories. This may cause you some distress. If you chose to participate the following things will be done to attempt to minimize any distress caused by the interviews:

- You will be provided with the questions ahead of time and you will be able to determine which ones you would like to talk about and which you do not feel comfortable discussing;
- The interview will be structured to allow you time to process and debrief afterwards;
- You will be able to pause or stop the interview at any time with no repercussions;
- Your well-being will be attended to during and after the interview.
 - This could include; providing you a private space to gather your thoughts; providing taxi chits or bus tickets if you are visibly shaken; calling a loved one for you if comfort is required; arranging follow up counselling to one of the available services; and/or getting you in touch with a support line or any other service that can provide comfort.
- You will also be given a brochure with strategies for self-care that you can refer to if needed. If you are living in a city outside of Brandon, additional contact information for support services in your region will be supplied to you in addition to the brochure.

Should you need any additional support; please contact the following counselling services:

- Adult Crisis Line, Prairie Mountain Health, 24/7 at 1-888-379-7699
- Manitoba Suicide Prevention and Support Line 24/7 at 1-877-435-7170
- If you are in immediate need of help, call 911 or go to the nearest hospital.

Costs

There is no cost to participate in this research.

Payment for Participation

You will be given a \$20.00 gift certificate as a gesture of gratitude for participating in this study. If needed to participate in this study, I will supply bus tickets, taxis and/or parking vouchers.

Confidentiality

I will do everything possible to keep your personal information confidential. Your name will not be used at all in the study records, unless you indicate that you would like to be credited with the information that you have shared. A list of names and addresses of participants will be kept in a secure file so I can send you a summary of the results of the study. If the results of this study are presented in a meeting, or published, nobody will be able to tell that you were in the study. Please note that although you will not be identified as the speaker, your words may be used to highlight a specific point, if you are in agreement with this.

Some people or groups may need to check the study records to make sure all the information is correct. All of these people have a professional responsibility to protect your privacy.

These people or groups are:

- The Health Research Ethics Board of the University of Manitoba or Brandon University Research Ethics Committee which is responsible for the protection of people in research and has reviewed this study for ethical acceptability.
- Quality assurance staff of the University of Manitoba and who ensure the study is being conducted properly.
- PhD Supervisor—Dr. Deborah McPhail.

All records will be kept in a locked secure area and only Candice Waddell will have access to these records. If any of your research records need to be copied to any of the above parties your name and all identifying information will be removed. No information revealing any personal information such as your name, address or telephone number will leave Brandon University. None of the data (audio files or transcripts) will be transmitted electronically. If required, the data will be shared with the above individuals on a password protected USB drive.

Permission to Quote

We may wish to quote your words directly in reports and publications resulting from this research. With regards to being quoted, please check yes or no for each of the following statements:

Researchers may publish documents that contain quotations by me under the following conditions:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	I agree to be quoted directly (my name is used).
<input type="checkbox"/> Yes <input type="checkbox"/> No	I agree to be quoted directly if a made-up name (pseudonym) is used.

Voluntary Participation/Withdrawal from the Study

Your decision to take part in this study is voluntary. You may refuse to participate at any time during the interview. You may also withdraw your interview prior to the final stage of member checking. The final member checking of the data is estimated to occur within 6 months of your interview.

Your decision not to participate or to withdraw from the study will not affect the services you receive from Brandon University, University of Manitoba or Brandon University Alumni Services.

Questions

If any questions come up during or after the study please contact the Primary Investigator Candice Waddell—waddellc@brandonu.ca OR (204) 727 7404.

If you have any concerns regarding the study or the Primary Investigator please contact her PhD supervisor Dr. Deborah McPhail—Deborah.McPhail@umanitoba.ca OR (204) 480 1352.

For questions about your rights as a research participant, you may contact The University of Manitoba, Bannatyne Campus Research Ethics Board Office at (204) 789-3389 or Brandon University Research Ethics Committee at 204-727-9712 or burec@brandonu.ca

There is no perceived conflict of interest on part of the researcher, their institutions or the research sponsors. There is no possibility of commercialization of the research findings.

Consent Signatures:

1. I have read all 5 pages of the consent form.
2. I have had a chance to ask questions and have received satisfactory answers to all of my questions.
3. I understand that by signing this consent form I have not waived any of my legal rights as a participant in this study.
4. I understand that my records, which may include identifying information, may be reviewed by the research staff working with the Principal Investigator and the agencies and organizations listed in the Confidentiality section of this document.
5. I understand that I may refuse to participate at any time during the interview.
6. I understand that I may withdraw my interview at any time prior to the final stage of member checking. I understand that this will be within 6 months of my completed interview
7. I understand I will be provided with a copy of the consent form for my records.
8. I agree to participate in the study.

Participant signature _____

Date _____
(day/month/year)

Participant printed name: _____

I, the undersigned, have fully explained the relevant details of this research study to the participant named above and believe that the participant has understood and has knowingly given their consent.

Printed Name:

Date _____
(day/month/year)

Signature: _____

Role in Study: _____

Appendix D: Interview Guide

I am not going to ask you directly about your traumatizing experience because I am mostly concerned with how you have dealt with the experience in the days, weeks and years since it happened. However, if you feel that it would be helpful for you to share some or all of the details of this experience throughout the interview, please feel welcome to do so.

- (1) I sent you the sample questions ahead of time showing you what I am interested in learning from you. I would like to take a moment now to discuss that list.
 - a. Are there any questions you feel uncomfortable answering?
 - b. Are there any questions that you think I should add before we get started in order for me to truly understand your experience?
- (2) I really appreciate that you responded to the letter sent by alumni services or the poster and I am interested in knowing what made you want to get involved in this research project?
- (3) Tell me what your life is like right now. I would love to know about what you do during your day, who you consider family, what those relationships are like, what makes you tick.
- (4) Tell me what your life has been like since the experience. Did the experience impact you negatively? Did you have any struggles, barriers, things you needed to overcome?
- (5) Tell me about what you think helped you through the experience, and what continues to help you cope with it.
- (6) Did you talk to anyone about your experience at the time? Who was it? How did they handle you and your experience? Were any services offered to you helpful?
- (7) If you could talk to a University student that has recently been through an experience of sexual trauma, what would you want them to know about the experience, about getting over the experience and about ways of coping with it?
- (8) Do you have anything else to add that you feel will help me to understand your experience more fully?
- (9) How do you think I should share the results of this study? Who do you think needs to know?

(10) If you feel comfortable, please position yourself for me. I have a demographic sheet that I would like you to fill in, if you feel comfortable.

Feminist Interviewing Techniques (From: Campbell, Adams, Wasco, Ahrens & Sefl, 2010)

- Reducing the hierarchy between the interviewer-interviewee by engaging in mutual dialogue. – the participants will receive the questions ahead of time and will be offered a chance to change any questions they feel uncomfortable answering or add any questions they feel should be asked.
- Normalizing the experiences of the interviewee in an affirmative manner.
- Being aware and receptive to the interviewee's experiences and emotions.

Appendix E: Demographic Questions

- 1) Age _____
- 2) Gender _____
- 3) Current employment or engagement in schooling: _____
____ Full time OR ____ Part time
- 4) Highest level of education:
 - ___ Less than high school
 - ___ High school completion
 - ___ Some post-secondary
 - ___ Diploma or certificate program
 - ___ Undergraduate degree
 - ___ Graduate degree
 - ___ Trade
 - ___ No answer
 - ___ Not applicable/other
- 5) Highest level of education of participant's parent?
 - ___ Less than high school
 - ___ High school completion
 - ___ Some post-secondary
 - ___ Diploma or certificate program
 - ___ University degree
 - ___ Graduate degree
 - ___ Trade
 - ___ No answer/does not apply
- 6) Highest level of education of participant's parent, 2?
 - ___ Less than high school
 - ___ High school completion
 - ___ Some post-secondary
 - ___ Diploma or certificate program
 - ___ University degree
 - ___ Graduate degree

Trade

No answer/does not apply

7) Self-identified race: _____

8) Marital Status

Single

Married

Common- Law

Divorced

Widowed

Domestic Partnership

9) Residence in Canada: _____ years AND _____ generations

10) Estimated Annual Household Income _____

11) Do you identify as a person with a disability? Yes _____ No _____

12) How would you describe your sexual identity? _____

Appendix F: Self-Care Brochure

You are not alone

Reach out if you are unsure, have questions, or just want to talk.

On-campus support

Brandon University offers supports to members of the campus community during all normal business hours.

Sexual Violence Education Prevention Coordinator

Office: 227 Health Studies Building
Phone: 204-727-7498
Email: NavidC@BrandonuU.ca

Student Services Personal Counsellors

Office: 102 A.E. McKenzie Building
Phone: 204-727-9785 to schedule an appointment

Remind yourself

- ▶ It was never your fault
- ▶ Whatever your reactions, they are normal
- ▶ Many people don't tell anybody for many years
- ▶ Most perpetrators of rape or abuse are known to their victims
- ▶ You are not alone...
And there is support

Resources in Brandon and Westman

Many supports are available in the area at any time of the day or night.

Klinic Sexual Assault Crisis Line (24/7)
1-888-292-7565

Women's Resource Centre
thewomenscentrebrandon.com

**Westman Crisis Services
Mobile Crisis Unit (24/7)**
204-725-4411
1-888-379-7699

**Manitoba Suicide Prevention
and Support Line (24/7)**
Crisis Line: 1-888-322-3019
Suicide Line: 1-877-435-7170

**First Nations & Inuit
Hope for Wellness Help Line (24/7)**
1-855-242-3310

Trans Lifeline (24/7)
1-877-330-6366

Farm, Rural & Northern Stress Line
1-866-367-3276



Self-Care for Survivors of Sexual Trauma



Appendix F: Self-Care Brochure Continued

SELF-CARE FOR SURVIVORS OF SEXUAL TRAUMA

How do people respond to sexual assault?

All survivors suffer trauma in different ways. How you feel will depend on many things such as:

- ▶ The support you receive from family and friends;
- ▶ The reaction of people you meet after the assault;
- ▶ Your own past experiences with trauma.

Some common reactions include: shock, denial, self-blame, shame, anger, anxiety, mood swings, self-harm, suicidal thoughts, changes in eating and sleeping.

If you have experienced sexual trauma ...

Medical care can address concerns around:

- ▶ Internal and external injury;
- ▶ Sexually transmitted infections;
- ▶ Pregnancy and emergency contraception.

Depending on your location, a medical professional can collect evidence for a police investigation for 3-5 days after an incident. You can get medical care at your doctors, a hospital, a walk-in or an STI clinic at ANYTIME following a sexual assault.

Adapted from klinik.mb.ca

Self-care after trauma

Whether the sexual trauma occurred years ago or recently, self-care strategies can assist you to cope with short- and long-term effects.

Physical Self-Care

When you are coping with trauma it is important to keep your body healthy and strong. Think about the last time you felt really physically healthy and ask yourself the following questions:

- ▶ How were you sleeping?
- ▶ What type of foods were you eating?
- ▶ What type of exercise were you doing?
- ▶ Did you perform any specific routines?

Emotional Self-Care

Emotional self-care means different things to different people. The most important thing about emotional self-care is being in tune with yourself, and knowing what makes you feel grounded, calm and balanced. To help you decide what makes you feel that way, think about a time where you felt grounded, calm or balanced and ask yourself the following questions:

- ▶ What fun or leisure activities were you enjoying?
- ▶ Did you write your thoughts in a journal or a diary? Were you drawing, making music or using some sort of other creative expression?
- ▶ What supports were you using?
- ▶ Were meditation or relaxation a part of your regular schedule?
- ▶ What inspirational words were you reading?
- ▶ Who did you spend time with?
- ▶ Where did you spend your time?

Adapted from rainn.org/about-rainn

Coping with flashbacks, intense anxiety or panic

The following strategies are “grounding” strategies

- ▶ Get out of the situation, if possible
- ▶ Breathe deep breaths through your nose and exhale slowly through your mouth
- ▶ Call someone you trust and express your feelings to them
- ▶ Move around or engage in physical activity
- ▶ Focus on the simple objects around you. Many people find it helpful to go through the sequence of identifying: 5 things they can see, hear, smell
- ▶ Remind yourself of the current time, place, etc.
- ▶ Use positive self-talk in conjunction with slow breathing
- ▶ Ask yourself: “What is the most supportive thing I can do for myself right now?”

Adapted from womenscollegehospital.ca

Free phone apps

The Mindfulness App

Includes a 5-day guided meditation practice, reminders for when it is time to relax and other offers based on individual meditation habits. Free with trial

Headspace

A meditation app that is perfect for people starting a meditation routine. Includes \$10 fee exercised as a trial that can help you learn about meditation and how you might apply it in your life.

Calm

Calm offers a wide range of guided meditations to help people to add more relaxation to their lives.

Appendix G: Manuscripts Used in Literature Review (effect of sexual violence on post-secondary–educated women)

STUDY	TITLE	JOURNAL	METHODOLOGY	OBJECTIVES	SAMPLE*	MAIN FINDINGS
Amstadter, McCauley, Ruggiero, Resnick, & Kilpatrick (2011)	Self-rated health in relation to rape and mental health disorders in a national sample of women	<i>American Orthopsychiatric Association</i>	Quantitative Brief Interviewing with a Computer Assisted Telephone Interviewing System (USA)	Examine the effect of rape tactics (forced rape, incapacitated rape, drug/alcohol facilitated rape) on health status and other rape risk factors	3,001 women from a large community sample Age: 18–86 years 79.7% C, 11.3% AA, 5.4% H, 3.6% O	Physical health and psychological Health
Bartoi & Kinder (1998)	Effects of childhood and adult sexual abuse on adult sexuality	<i>Journal of Sex and Marital Therapy</i>	Quantitative Survey (USA)	Examine the effect of child sexual abuse and adult sexual abuse on the sexuality of abused women	175 undergraduate Women 71% C, 11% AA, 10% H, 8% O	Sexuality and sexual satisfaction

STUDY	TITLE	JOURNAL	METHODOLOGY	OBJECTIVES	SAMPLE*	MAIN FINDINGS
				compared to non-abused women		
Baugher, Elhai, Monroe, & Gray (2010)	Rape myths acceptance, sexual trauma history and post-traumatic stress disorder	<i>Journal of Interpersonal Violence</i>	Quantitative Survey (USA)	Examine the potential relationship between the acceptance of rape myths and the factors of gender role identity, victimization, attitudes towards women, and PTSD severity	129 undergraduate women with a history of sexual trauma and 129 undergraduate women with no history of sexual trauma 95.3% C	Impact of rape myths on personal experience
Bondurant (2001)			Quantitative Survey (USA)	Examine college women's experiences of rape from an	109 undergraduate women with a history of experiencing rape	Impact of rape myths on personal experience

STUDY	TITLE	JOURNAL	METHODOLOGY	OBJECTIVES	SAMPLE*	MAIN FINDINGS
			Sexual Experiences Scale (SES)_	ecological framework (individual, social network, and situational factors)	80% C, 16% AA, 2.4 % H, 1.9% A	
Brown, Testa, & Messman-Moore (2009)	Psychological consequences of sexual victimization resulting from force, incapacitation, or verbal coercion	<i>Violence Against Women</i>	Quantitative Survey (USA) SES	Examine the psychological consequences of unwanted sex	265 undergraduate women with reported experiences of rape 93.2% C, 2.3% AA, 1.5% A, 1.5% BR, 1.5% O 244 women from a larger community sample	Physical health and psychological health

STUDY	TITLE	JOURNAL	METHODOLOGY	OBJECTIVES	SAMPLE*	MAIN FINDINGS
					Age: 18–30 76.0% C, 17.3% AA, 2.0% A, 1.2% H	
Bryant-Davis, Chung, & Tillman (2009)	From the margins to the centre	<i>Trauma, Violence, & Abuse</i>	Research Review	Explore the current literature regarding the sociocultural context for mental health effects in ethnically diverse populations	Available literature on African American, Asian American, Latina, and Native American Women	Physical health and psychological Health
Caretta, Burgess, & DeMarco (2016)	Tell or not to tell	<i>Violence Against Women</i>	Quantitative Online Survey (international) SES	Investigate patterns of rape disclosure to assess coping and adaptation	242 Adult female victims of rape Age: 18–64	Physical health and psychological health

STUDY	TITLE	JOURNAL	METHODOLOGY	OBJECTIVES	SAMPLE*	MAIN FINDINGS
				of women who have experienced rape. Also looked at preferred follow up	90% C, 7% AA, 3% O	
Carmody & Washington (2001)	Rape myth acceptance among college women: The impact of race and prior victimization.	<i>Journal of Interpersonal Violence</i>	Quantitative Mail Out Survey (USA) SES	Examine if the factors of race and victimization influence the acceptance of rape myths in college women	724 undergraduate women 71.5% C, 28.5% AA	Impact of rape myths on personal experience
Clum, Calhoun, & Kimerling (2000)	Associations among symptoms of depression and posttraumatic	<i>Journal of Nervous and Mental Diseases</i>	Quantitative Survey (USA) SES	Examine the effect of sexual assault on women's health outcomes	57 Undergraduate Women that identified rape or sexual assault as their most	Physical health and psychological health

STUDY	TITLE	JOURNAL	METHODOLOGY	OBJECTIVES	SAMPLE*	MAIN FINDINGS
	stress disorder and self-reported health in sexually assaulted women				threatening life experience 84.5% C, 10.3% AA, 3.4% A, 1.7% O	
Combs, Jordan, & Smith (2014)	Individual differences in personality predict externalizing versus internalizing outcomes following sexual assault	<i>Psychological Trauma: Theory, Research, Practice, and Policy</i>	Quantitative Online Survey (USA) SES	Investigate if personality traits indicate how women will react to sexual victimization	750 undergraduate women (pre-university) 90% C, 7.7% AA, 2.8% A, 0.4% NA, 0.3% PI	Physical health and psychological health
Culbertson, Vik, & Kooiman (2001)	The impact of sexual assault, sexual assault perpetrator	<i>Violence Against Women</i>	Quantitative Survey (USA)	Investigate if women's perceived sense of safety is	314 Undergraduate Women	Safety

STUDY	TITLE	JOURNAL	METHODOLOGY	OBJECTIVES	SAMPLE*	MAIN FINDINGS
	type, and location of sexual assault on ratings of perceived safety			impacted by sexual assault. Also looked at the identity or the perpetrator and the location that the assault took place	Age: 18–55 91% C, 4.5% H, 2.6% NA, 1.6% A	
Donat & Bondurant (2003)	The role of sexual victimization in women's perceptions of others' sexual interest	<i>Journal of Interpersonal Violence</i>	Quantitative survey (USA) (SES)	Investigate the relationship between women's sexual victimization and perception of sexual interest	329 undergraduate women 78.8% C, 17.4% AA, 1.5% A, 2.0% O	Safety

STUDY	TITLE	JOURNAL	METHODOLOGY	OBJECTIVES	SAMPLE*	MAIN FINDINGS
Draucker (2001)	Learning the harsh realities of life: Sexual violence, disillusionment, and meaning.	<i>Health Care for Women International</i>	Qualitative research semi-structured interviews (USA)	Explore how women make meaning of sexual, violent experiences perpetrated by men close to them (family members, partners, or acquaintances)	(n=44) Study 1: 11 women who had experienced incest Study 2: 10 women who had experienced sexual violence Study 3: 23 women who had experienced sexual violence from a male intimate partner 77.3% C, 15.9% AA, 2.3% A, 4.5% O	Safety Resilience

STUDY	TITLE	JOURNAL	METHODOLOGY	OBJECTIVES	SAMPLE*	MAIN FINDINGS
Franklin (2010)	The effect of victim attitudes and behaviors on sexual assault victimization severity: An examination of university women	<i>Women & Criminal Justice</i>	Quantitative survey (USA) SES	Investigate behavioural and attitudinal factors to determine factors that increase the severity of victimization in women that have experienced sexual violence	204 undergraduate women 75.5% C, 6.1% A, 4.2 % H, 2.6% AA	Safety Impact of rape myths on personal experience
Harned (2004)	Does it matter what you call it? The relationship between labeling unwanted sexual	<i>Journal of Consulting and Clinical Psychology</i>	Quantitative survey (USA) SES	Examine whether unwanted sexual experiences are damaging psychologically regardless of whether the	1,139 graduate and undergraduate women 73% C, 11% A, 8% AA, 4% H, 4% O	Physical health and psychological health

STUDY	TITLE	JOURNAL	METHODOLOGY	OBJECTIVES	SAMPLE*	MAIN FINDINGS
	experiences and distress			women experiencing the event has labelled it as sexual abuse or sexual assault.		
Hockett, Saucier, Hoffman, Smith, & Craig (2009)	Oppression through acceptance? Predicting rape myth acceptance and attitudes toward rape victims.	<i>Violence Against Women</i>	Quantitative survey (USA)	Examined if sex-based oppression and intergroup dominance measures had an influence on rape myths acceptance in college students	162 undergraduates (52 men, 108 women, 1 other)	Impact of rape myths on personal experience

STUDY	TITLE	JOURNAL	METHODOLOGY	OBJECTIVES	SAMPLE*	MAIN FINDINGS
Jeffrey & Barata, (2017)	“He didn’t necessarily force himself upon me, but ...”: Women’s lived experiences of sexual coercion in intimate relationships with men	<i>Violence Against Women</i>	Qualitative research (Canada)	Explore the impact of sexual coercion on women’s relationships and personal well-being	12 undergraduate women who have an experience of sexual coercion 83.3 % C, 8.3% A, 8.3% AA	Physical health and psychological health Safety
LeMaire, Oswald, & Russell (2016)	Labeling sexual victimization experiences: The role of sexism, rape myth acceptance, and tolerance	<i>Violence and Victims</i>	Quantitative survey (USA) (SES)	Examine what factors affect a woman to label unwanted sexual experiences as rape. The factors are benevolent sexism, rape myths	71 female undergraduates that had an experience that met authors’ operational definition of rape	Impact of rape myths on personal experience

STUDY	TITLE	JOURNAL	METHODOLOGY	OBJECTIVES	SAMPLE*	MAIN FINDINGS
	for sexual harassment			acceptance, and tolerance of sexual harassment	90.1% C, 2.8% AA, 2.8 % A, 2.8 % H, 1.4% O	
Littleton & Henderson (2009)	If she is not a victim, does that mean she was not traumatized? Evaluation of predictors of PTSD symptomatology among college rape victims.	<i>Violence Against Women</i>	Quantitative survey (USA) (SES)	Examine the relationship between PTSD symptoms and acknowledgment of rape in female college students	353 female undergraduates that responded positively to a screening questionnaire assessing sexual assault experiences in adulthood or adolescence 73% C, 8.1% H, 6.4% AA, 5.8% A or PI, 2.3% BR, 0.6% NA, 4.3% O	Physical health and psychological health Impact of rape myths on personal experience

STUDY	TITLE	JOURNAL	METHODOLOGY	OBJECTIVES	SAMPLE*	MAIN FINDINGS
Messman-Moore & Brown (2006)	A prospective study of college women	<i>Psychology of Women Quarterly</i>	Quantitative survey (USA) (SES)	Examine the correlation between women that have been sexually victimized, their risk perception, and their experiences of revictimization	262 undergraduate women at four different periods in time 91% C, 1.8% AA, 0.6% H, 1.2% NA, 2.1% A, 2.4% BR, 0.9% O	Safety
Neilson, Norris, Bryan, & Stappenbeck (2017)	Sexual assault severity and depressive symptoms as longitudinal predictors of the quality of women's sexual experiences	<i>Journal of Sex and Marriage Therapy</i>	Quantitative survey (USA)	Examine the impact of sexual victimization and depressive symptoms on the quality of sexual experiences in young women	470 women that experienced adult/adolescent sexual victimization 70.9% C, 3.1% AA, 6.9% A, 17.4% BR, 8.1% H	Sexuality and sexual satisfaction

STUDY	TITLE	JOURNAL	METHODOLOGY	OBJECTIVES	SAMPLE*	MAIN FINDINGS
Orchowski, Untied, & Gidycz (2013)	Social reactions to disclosure of sexual victimization and adjustment among survivors of sexual assault	<i>Journal of Interpersonal Violence</i>	Quantitative survey (USA) (SES)	Examine the impact of social disclosure reactions to sexual violations on women's psychological distress, coping behaviour, and self-esteem	374 freshman women 94% C, 2.9% AA, 0.8% PI, 0.3% A, 0.3% NA	Physical health and psychological health
Padmanabhanunni & Edwards (2016)	Rape survivors' experiences of <i>The Silent Protest</i>	<i>Qualitative Health Research</i>	Qualitative semi-structured interviews (USA)	Explore the experience of women who have a history of sexual assault that participate in <i>The Silent Protest</i> (an annual march in Rhode Island)	9 women Ethnicity not disclosed	Physical health and psychological health Resilience

STUDY	TITLE	JOURNAL	METHODOLOGY	OBJECTIVES	SAMPLE*	MAIN FINDINGS
				that is focused on survivors of rape)		
Peter-Hagene & Ullman (2015)	Sexual assault characteristics effects on PTSD and psychosocial mediators: A cluster-analysis approach to sexual assault types	<i>Psychological Trauma: Theory, Research, Practice, and Policy</i>	Quantitative survey (USA) (SES)	Examine if PTSD and psychosocial factors are impacted by the type of severity of sexual assault	877 women from Chicago, Illinois 41% C, 38% AA, 14% H, 2% A, 18% BR	Physical health and psychological health
Peterson & Muehlenhard, 2011	A match-and-motivation model of how women label their nonconsensual	<i>Psychology of Women Quarterly</i>	Mixed method research screening questionnaire and narrative inquiry (USA)	Explore how women label their experiences of rape/unwanted sexual experiences and	77 female undergraduates that screened as having an experience that matched the	Impact of rape myths on personal Experience

STUDY	TITLE	JOURNAL	METHODOLOGY	OBJECTIVES	SAMPLE*	MAIN FINDINGS
	sexual experiences			the rationale behind their labels with motivation match theory	authors' definition of rape 90% C	
Peterson & Muehlenhard 2004	Was it rape? The function of women's rape myth acceptance and definitions of sex in labeling their own experiences	<i>Sex Roles</i>	Quantitative survey (USA)	Examine how rape myths acceptance impacts women's personal experiences of unwanted sexual acts and if they label these encounters as rape or not	70 female undergraduate students reported an experience that met the legal definition of rape 90% C, 5% H, 2% AA, 1% A, 2% BR	Impact of rape myths on personal experience

STUDY	TITLE	JOURNAL	METHODOLOGY	OBJECTIVES	SAMPLE*	MAIN FINDINGS
Reis, Moraes Lopes, & Osis (2017)	'It's much worse than dying': The experiences of female victims of sexual violence	<i>Journal of Clinical Nursing</i>	Qualitative semi-structured interviews (Brazil)	Explore the lived experience of women that have experienced sexual violence, focusing on how these women process their experience	11 women recruited from a clinic that provides six months of follow up care after an occurrence of sexual violence Ethnicity not disclosed	Physical health and psychological Health
Spohn, Wright, & Peterson (2017)	Rape and mental health outcomes among women: Examining the moderating effects of "healthy" fear levels	<i>Violence Against Women</i>	Quantitative survey (USA)	Examine the relationship between fear, PTSD, and depression symptoms in women that have been sexually assaulted	2,000 undergraduate women 77.4% C, 6.0% H	Physical health and psychological health Safety

STUDY	TITLE	JOURNAL	METHODOLOGY	OBJECTIVES	SAMPLE*	MAIN FINDINGS
Ullman, Filipas, Townsend, & Starzynski (2007)	Psychosocial correlates of PTSD symptom severity in sexual assault survivors	<i>Journal of Traumatic Stress</i>	Quantitative survey (USA) (SES)	Examine how factors such as demographic variables, trauma history, assault characteristics, and post-assault characteristics affect PTSD symptoms in women that have experienced sexual trauma	1,084 women from Chicago, Illinois 46.2% AA, 37.1% C	Physical Health and Psychological Health
Valentine, Gefter, Bankoff, Rood, and Pantalone (2017)	A mixed-methods analysis of feminist beliefs and feminist identity	<i>Journal of Aggression, Maltreatment & Trauma</i>	Mixed methods research quantitative screening survey and qualitative	Explore how gender-based violence (either sexual or physical) influences	87 undergraduate women survey participants 73% C, 10% A, 7% H, 5% AA,	Impact of rape myths on personal experience Resilience

STUDY	TITLE	JOURNAL	METHODOLOGY	OBJECTIVES	SAMPLE*	MAIN FINDINGS
	development among college women survivors of gender-based violence		semi-structured interviews (USA)	college women's feminist beliefs and identification	2% BR, 1% PI, 2% O 32 semi-structured interviews with female undergraduates 69% C, 16% A, 9% H, 6% AA	
Vonderhaar & Carmody (2015)	There are no "innocent victims"	<i>Journal of Interpersonal Violence</i>	Quantitative survey (USA)	Examine the relationships between rape myths acceptance against other variables including the following: just world beliefs,	(N=979) 608 female and 371 male undergraduate students, of the women 90 were rape victims	Impact of rape myths on personal experience

STUDY	TITLE	JOURNAL	METHODOLOGY	OBJECTIVES	SAMPLE*	MAIN FINDINGS
				prior victimization, gender, age, education, and race/ethnicity	58% C, 20.5% AA, 12.3% A or PI, 9.0% H or NA	
Zerubavel & Messman-Moore (2013)	Sexual victimization, fear of sexual powerlessness, and cognitive emotion dysregulation as barriers to sexual assertiveness in college women	<i>Violence Against women</i>	Quantitative survey (USA) (SES)	Examine the effect of sexual victimization on women's sexual assertiveness, sexual power, and cognitive emotional dysregulation	499 undergraduate women 93.8% C	Physical health and psychological health Sexuality and sexual satisfaction
* C = Caucasian or European American, AA = Black, African American, Caribbean American, H = Hispanic or Latinx, O = other, A = Asian or Asian American, BR = biracial or multiracial, NA = Native American, American Indian, or Alaskan Native, PI = Pacific Islander or Native Hawaiian						