Can it Heal and Hurt?: Survivors of Sexual Assault Share the Benefits and Challenges of Sexual Assault Support Group Participation

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Can it Heal and Hurt?: Survivors of Sexual Assault Share the Benefits and Challenges of Sexual Assault Support Group Participation

A Dissertation
Presentation to the Faculty of the
Department of Psychology
West Chester University
West Chester, Pennsylvania

In Partial Fulfillment of the
Requirements for the Degree of
Doctorate of Clinical Psychology (PsyD)

By:
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August 2022

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Acknowledgements

I would like to thank my family, partner, and friends for their ongoing support and encouragement throughout this journey these past five years. To my parents (Todd and Jackie), my grandparents (Joyce, Barry, June, Tom, Steffie, Jim, Elaine, and Jim), without you my graduate education would not have been possible. To my brother (Zachary), Amanda, Joann, Alicia, Brian, and the rest of my family: thank you for providing me with the foundational support I needed throughout my entire life. To my partner, Zackary, thank you for the many ways you have supported me as I make this dream come true. To Fallon, Todd, Theo, Yvonne, Paige, Sarah, Bob, and Helene: thank you for being my amazing support system. I am so blessed to have each of you in my corner, cheering me on. Additionally, I want to thank my mentors: Dr. Sutton, Dr. Schiavoni, Dr. Girsh, and Dr. Ingram. Each of you have had an immense impact on my professional and personal development. I would not be where I am today without your encouragement and guidance.

I would also like to give a special thanks to my dissertation committee of Dr. Susan Gans, Dr. Lauri Hyers, and Dr. Michael Gawrysiak for all of their guidance, advice, encouragement that cultivated and sustained my passion for this work, and for their contributions to this dissertation project. Additional thanks to Dr. Kim Levan for her mentorship and guidance on my dissertation proposal. I would also like to extend my deepest thanks and gratitude to my research assistants: Sydney Monaghan, Lyra Jones, and Autumn Greene. I have immensely appreciated your dedication, hard work, and intellect throughout data collection and analysis, as well as the infinite support, laughter, and encouragement throughout this entire study. Most importantly, I would like to thank the survivors who participated in my study. I am extremely grateful for your courage to recover, heal, and your willingness to entrust me to share your stories.
Abstract

Research exploring the relationships among trauma survivors is largely non-existent. This study aimed to explore the effects of relationships among individuals with a shared experience of sexual trauma within the group therapeutic context of sexual assault support groups. This study sought to examine the potential buffering and supportive effects of social support between sexual assault survivors, while also exploring the potential negative effects of shared trauma that may occur from the potentially triggering nature of seeking support from other sexual assault survivors. These complex dynamics were explored through examining the relationships and experiences of sexual assault survivors who have attended sexual assault support groups. Participants were selected from college student participants enrolled in introductory psychology courses. A qualitative approach utilizing an open-ended survey was conducted and results were analyzed following the reflective and flexible process of Thematic Analysis as outline by Braun and Clarke (2006). The results of this study found that due to the presence of shared trauma amongst survivors in sexual assault support groups, participants can experience negative reactions when exposed to other survivors’ experiences in the group in addition to the supportive, therapeutic effects of attending the group. The implications of the results of this study on the clinical practice of group psychotherapy is discussed and avenues for future research are offered.
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Chapter One: Background, Literature Review and Study Objectives

Sexual assault is a traumatic experience that can happen to any individual. Sexual assault is broadly defined as “sexual contact or behavior that occurs without explicit consent of the victim”, including attempted or completed rape, fondling, unwanted sexual touching, forceful performance of sexual acts, and unwanted or forceful penetration (Rape Abuse Incest National Network, 2022). According to the 2020 National Crime Victimization Survey, 319,950 people were victims of sexual assault or rape during 2020 in the United States, with 459,310 people being victims of sexual assault or rape in the United States the previous year (as cited in Morgan & Thompson, 2020). The survey also calculated the estimated number of sexual assault or rape victims in the United States between 2016 to 2020 to be 2,206,280. Furthermore, statistics from this survey estimated that every 68 seconds another individual is raped or sexually assaulted in the United States (as cited in Morgan & Thompson, 2020). In the National Intimate Partner and Sexual Violence Survey, one in four or 33.5 million women reported experiencing completed or attempted rape at some point throughout their lives in the United States (as cited in Basile et al., 2022). Rape is not exclusive to women; one in 26 men or 4.5 million will be raped during their lifetime. According to this survey, in the United States, nearly 1 in 4 or 29.4 million women and 1 in 9 or 12.8 million men reported sexual coercion victimization at some point in their lifetime. Furthermore, in the United States, nearly 1 in 2 or 59.4 million women and 1 in 4 or 27.5 million men reported unwanted sexual contact victimization at some point in their lifetime.

The prevalence rate of sexual assault or rape is disproportionately increased based on racial or gender identity and sexual orientation. For example, in the National Intimate Partner and Sexual Violence Survey, non-Hispanic American Indian/Alaska Native and non-Hispanic multiracial women reported lifetime prevalence estimates between 32% and 67% across the
various types of sexual violence (Basile et al., 2022). The survey also found that non-Hispanic multiracial men were at increased risk of being a victim of sexual violence compared to men with other racial identities. According to the 2015 report of the U.S. Transgender Survey, 47% of individuals among the transgender and gender non-conforming community have been sexually assaulted at some point in their lives (as cited in James et al., 2016). Additionally, according to the National Intimate Partner and Sexual Violence Survey, individuals that identify as lesbian, gay, bisexual, or queer are at an increased risk of experiencing sexual assault (Walters et al., 2013). The lifetime prevalence rates of sexual assault are 46% among lesbian women, 75% for bisexual women, 40% for gay men and 47% for bisexual men of those interviewed in the National Intimate Partner and Sexual Violence Survey (Walters et al., 2013). Furthermore, according to the National Crime Victimization Survey, in the United States, 40,290 lesbian or gay individuals and 888,600 bisexual individuals were victims of sexual assault or rape between 2017 and 2020 (as cited in Truman & Morgan, 2022).

Treating sexual abuse is often costly and has long-term impacts on a person’s physical, emotional, mental, and social well-being. The lifetime financial cost of sexual assault averages to $122,461 per victim or $3.1 trillion dollars total (Peterson et al., 2017), annually costing the United States $127 billion. According to Peterson and colleagues (2017):

The economic burden estimate included $1.2 trillion (39% of total) in medical costs; $1.6 trillion (52%) in lost work productivity among victims and perpetrators; $234 billion (8%) in criminal justice activities; and $36 billion (1%) in other costs, including victim property loss or damage. Government sources pay nearly one third (or $1 trillion) of the total lifetime economic burden. (p. 697)
These statistics highlight the importance of providing accessible and effective resources to those who have been sexually assaulted. Sexual assault has been associated with a variety of psychological effects, including but not limited to post-traumatic stress disorder (PTSD) (Dworkin et al., 2017). PTSD is the development of a variety of symptoms following exposure to one or more traumatic event that causes significant distress and functional impairment (American Psychological Association, 2013). In a recent meta-analysis conducted by Dworkin and colleagues (2017) examining 497 studies involving a total of 238,623 participants, individuals that have experienced sexual assault demonstrated higher severity, prevalence rates, and range of psychopathology than those who have not experienced sexual assault. The relationship between sexual assault victimization and psychopathology was found across veteran, community, and college student samples. This finding was independent of the severity of sexual assault and methodological differences in the studies reviewed, confirming prior research that sexual assault has a stronger correlation with psychological disorders than other various types of traumatic experiences (i.e. natural disaster, car accidents). They suggested that while overlap of symptomology exists across traumatic experiences, the nature of sexual assault has a distinct relationship with mental health and symptomology compared to other forms of traumatic experiences. The authors suggest that the detrimental psychological effects of sexual assault may persist longer than other types of interpersonal violence. It is important to note that Dworkin and colleagues (2017) arrived at the conclusion that sexual assault may be distinct from and persist longer than other types of traumas were based primarily on research examining various types of traumatic experiences among the veteran population. While the recent meta-analysis found evidence linking sexual assault to a variety of adverse psychological outcomes, the relationship
linking sexual assault with PTSD was the most studied and exhibited the largest effect across studies reviewed (Dworkin et al., 2017).

The prevalence rate of PTSD among survivors of sexual assault ranges from one-third to one-half of those that are exposed, according to the current DSM-V criteria of PTSD (American Psychological Association, 2013). Dworkin and colleagues (2017) suggest that prevalence rates of PTSD among survivors of sexual assault may be due to systemic and societal stigma of sexual assault that negatively impact social support. Social support, therefore, may be an important influencing factor in how survivors of sexual assault are affected by the trauma.

**Social Support**

Social support can contribute to psychological health outcomes and overall well-being by providing positive affect, sense of predictability, stability, and bolstering a sense of self-worth. Conversely, anxiety and depression can be related to an absence of positive social relationships (Cohen & Wills, 1985). Social support can be defined in a variety of ways. Emotional support has been described as a form of social support that involves communicating to persons that they are valued for their worth and experiences, despite potential flaws or imperfections. Informational support is another form of social support that involves assisting a person in defining, understanding, and coping with stressful events, as well as the use of advice and guidance. Lastly, social companionship is another component of social support that involves spending time with others in a way that fosters a sense of community or belongingness (Cohen & Wills, 1985). These types of support are all ways in which individuals utilize or interact with their social support system. Throughout the rest of this section, social support will be the terminology used to combine and summarize these components of social support. In their review, Cohen and Wills found robust evidence supporting the buffering effect (1985), which is the
The notion that social support buffers the effects of stress through the process of support being appraised and perceived as adequate and thus operating as a buffer. As a result, the influence of social support on post-assault adjustment for survivors of sexual assault is of high public health significance.

After an assault, sexual assault survivors may not utilize institutional or formal resources for a variety of reasons. For example, Spencer and colleagues (2017) analyzed 220 female college sexual assault survivors’ reasons for not disclosing their sexual assault to university-affiliated resources (i.e. campus police). Using survivors’ own voices to describe the outcome of the study through feminist theory and thematic analysis, Spencer and colleagues (2017) found that survivors did not report to university-affiliated resources due to:

1. Lack of knowledge of the option to report
2. Feeling the assault was not severe enough to warrant a report
3. The sexual assault was not related to the university
4. Fear
5. The victim was intoxicated by drugs or alcohol at the time of the assault,
6. Not wanting action to be taken against the perpetrator,
7. Fear of being blamed for the sexual assault

Therefore, exploration of survivors’ utilization of their social networks after sexual assault is critical for understanding their trauma recovery process.

Social support is found to be an influential factor in recovery from sexual assault, with research indicating that the absence of social support is a risk factor for the development of PTSD (Wagner et al., 2016). The relationship between social support and PTSD has been explored within the context of sexual assault. For example, Littleton (2010) examined the extent
to which perceived social support predicted post-assault outcomes in a sample of 262 college sexual assault survivors. A cross-sectional analysis was used, with 74 participants completing a 6-month follow-up for a longitudinal analysis. The author found that a perceived lack of social support was found to be a moderate predictor of both depression and PTSD in the cross-sectional analyses, but not for the longitudinal analysis, suggesting that greater levels of initial positive social support may buffer the impact of negative social support reactions later on throughout the healing process. The study also found that social support was positively related to self-appraisal which suggests that social support may play a positive role in preserving self-worth and an overall positive sense of self following trauma exposure. Furthermore, the researcher found that negative reactions following the disclosure of sexual assault were a moderate predictor of depression and PTSD in cross-sectional analyses and predicted PTSD symptoms in a longitudinal analysis. Unsupportive responses to disclosures predicted negative cognitions and self-blame, interfered with the survivor obtaining support, and taxed the survivor’s coping resources in both the cross-sectional and longitudinal analyses. Littleton suggests that it is likely that negative reactions may be unintentional. Participants reported that examples of negative reactions were attempts to distract the survivor, urging them to move on from the trauma, or having difficulty with managing their own feelings related to the sexual assault that caused them to pull for support from the survivor or impede their ability to provide positive support to the survivor.

The effect of utilizing one’s social system following a sexual assault is not always positive for trauma recovery. Various environmental influences can either exacerbate or aide in the prevention of traumatic distress following sexual assault. Receiving negative responses when survivors turn to their support system after an experience of sexual assault can have detrimental
and lasting effects for the survivor. It has been suggested that such responses have the potential to harm a survivor’s relationships with providers of support, which adds to the loss that is already experienced due to the inherent nature of sexual trauma (Ahrens & Aldana, 2012).

Another possible reason for inadequate support may be that some individuals within an individual’s support network may be unprepared or incapable of supporting a survivor following sexual assault disclosure (Ahrens & Aldana, 2012). The existence or availability of social relationships as well as the quality of resources provided within those social relationships need to be considered when researching the construct of social support (Wagner et al., 2016). Orchowski and colleagues (2013) found that the availability of positive social supports increased adaptive coping through seeking emotional support from one’s support network. They recognized, however, that the women in their sample receiving emotional support may have social networks inherently capable of providing validating and appropriate responses regarding the sexual assault.

Ahrens and Aldana (2012) examined qualitative descriptions of 103 survivors’ disclosures of sexual assault to 153 friends, family members, or romantic partners using grounded theory for data collection and analysis. The aim of their study was to further understand the extent to which survivors have positive or negative experiences after accessing their social networks for support post-assault. Seventy-six participants in the study disclosed to an average of 2.82 informal support providers at some point following the assault, with the majority of reported disclosures being to a friend (i.e. 153 of the 259 reported disclosure experiences). Of the relationships reported, 62.7% were considered close relationships prior to the disclosure of the assault. In over half of the disclosure experiences, the person did not react negatively to the disclosure; 83.7% of the interactions had at least one positive aspect and most
involved some aspect of emotional support (68%). Survivors considered emotional support from friends or therapists to be the most healing and over half of the reported relationships grew closer following the disclosure experience. Additionally, positive reactions from friends were found to be the most frequent and most beneficial for survivors’ recovery. It is important to note, that most participants reported a mixture of positive and negative reactions. Negative reactions following disclosure were found to be common (i.e. 83%), such as experiences of victim-blaming, controlling reactions, minimizing the assault, distraction from the sexual assault, telling others about the assault, treating the person differently following the disclosure, and questioning the truth of the disclosure of the sexual assault. It is important to note, however, that survivors in this study tended to overlook some of the negative reactions of the disclosure to focus on the positive reactions within the disclosure when the relationship was perceived as a close by the survivor. They also reported that mixed reactions following disclosure overall had a positive effect on the relationship. This suggests that the presence of positive support may make the negative responses from one’s support network feel less negative for some survivors. Nevertheless, nearly 25% of the reported disclosures resulted in a deterioration of the relationship following the assault. Negative experiences from one’s social support network may serve as a significant risk factor for the development of PTSD due to the perceived need, proximity, and importance of support for the sexual assault survivor (Wagner et al., 2016). The potential for social support to have either a positive or negative impact on trauma recovery underscores the importance of further understanding the nuances of the effects of social support on trauma recovery from sexual assault.

Orchowski and colleagues (2013) sought to provide further context for understanding the relationship among social support and post-trauma recovery for sexual assault survivors (2013).
They examined the association between positive or negative social reactions to survivors following sexual assault disclosure on psychological distress, coping behavior, social support, and self-esteem in 374 college female sexual assault survivors. Negative reactions from a survivors’ social support network were associated with higher levels of post-traumatic stress, depression, anxiety, and lower sense of worth; especially when negative reactions were communicated to the survivor in attempt to obtain control over the survivor’s decision-making post-assault regarding whether or not to report the assault. The authors argue that the support person’s need to have control over the situation may hinder the process of restoring a sense of self-agency over oneself for the survivor during sexual assault recovery. Additionally, negative responses from survivors’ supportive network that involved blaming the survivor were associated with lower levels of self-esteem, and it was found that survivors with this experience were less likely to utilize adaptive coping skills post-assault.

A survivor’s response to sexual assault can also influence social support. Pre-existing social support can serve as a protective factor against PTSD; however, high levels of severity of PTSD can contribute to a decline in social support (Wagner et al., 2016). In other words, a lack of social support might serve as a predisposing factor to PTSD, however, the persistence of PTSD symptoms could decrease social support. In support of this finding, Ullman and Relyea (2016) used a community sample of 1,836 female sexual assault survivors, who were followed for three years. They analyzed the relationship among social support, maladaptive coping, and symptoms of PTSD, and found that negative social support exacerbated PTSD symptoms and maladaptive coping. This relationship was bi-directional with high levels of PTSD symptoms and maladaptive coping negatively impacting social support, and social support was found to decrease the development of PTSD and increase healthy coping.
A study by Dworkin and colleagues (2018) continued this work by providing further context around the factor of time in the relationship between social support and PTSD symptoms. They used 1173 daily diary observations from 75 college female sexual assault survivors that met screening criteria for PTSD within the previous month prior to study participation. This is the first study to examine the day-to-day context of the relationship between social support and PTSD symptoms of sexual assault survivors. The results indicated that social support and PTSD symptoms were related from one day to the next for the population studied, suggesting that higher social support is protective against PTSD in the short term. PTSD symptoms were lower when social support was higher than average for the survivor, and higher on days when social support was lower than usual. A bi-directional relationship was found, with reported higher levels of social support when PTSD symptoms were lower than average and social support levels being lower on days when PTSD symptoms were above average within the participants. The authors suggest that this relationship may be due to social support being perceived more positively when traumatic stress symptoms are lower, or traumatic stress symptoms may be perceived as less distressing during times of higher levels of social support. Additionally, the study showed that while survivors initially withdraw from social supports when PTSD symptoms increase in severity, survivors in this study tended to seek more support after the initial period of withdrawal or they tended to seek out social supports the day after experiencing an increase in distress, suggesting that the benefits of social support for PTSD may have an accumulative effect over time.

There remains a need for continued evaluation of potential beneficial and/or harmful aspects of one’s social system and how these aspects may impact the recovery process from sexual assault (Littleton, 2010; Orchowski et al., 2013; Wagner et al., 2016). Due to the
interpersonal, isolating, and stigmatizing nature that is inherent in sexual assault (Dworkin, et al., 2018), the consensus of the literature underscores the importance of increasing the availability of positive social support especially in the immediate aftermath of sexual assault. Positive support at this time is likely to have the greatest impact as a buffer for PTSD and in facilitating post-traumatic growth. Post-traumatic growth refers to various positive changes that can occur after experiencing a traumatic event, such as increased meaning or appreciation of life, positive changes in interpersonal relationship, and increased sense of self-efficacy, resilience or personal strength (Tedeschi & Calhoun, 2004). The research also indicates that social networks tend to offer a mixture of positive and negative experiences for survivors looking for support following sexual assault (Ahrens & Aldana, 2012). For these reasons, it is imperative for survivors of sexual assault to have resources in addition to their existing social network to offer positive and validating in the aftermath of the sexual assault.

**Group Therapy for Sexual Trauma**

Current literature on social support post-assault focuses on survivors’ interpersonal relationships with family, friends, and intimate partners (Dworkin et al., 2018). However, support from therapists, rape crises centers, and other survivors may be an important focal point for research on adjustment and recovery from sexual assault (Ahrens & Aldana, 2012). Based on the findings from the aforementioned studies, there are several reasons why more community-based interventions beyond the individual’s proximal support system may be worth exploring to increase the social support for survivors (Wagner, et al., 2016). For example, Wagner and colleagues (2016) found that when survivors felt they were being listened to by others and that their experience of sexual assault was believed, it was associated with better post-assault adjustment. Similarly, Ahrens and Aldana (2012) found that survivors often had a positive
experience with disclosure when they disclosed to a friend who also had a history of sexual victimization. Group psychotherapy for sexual assault survivors provides a powerful context in which survivors disclose to other survivors. Exploring the experiences of survivors disclosing to others who share similar experiences of sexual victimization is valuable for further exploration in the field (Paul & Sasson, 2013), and this phenomenon can be found abundantly within the context of group therapy for sexual trauma.

Despite numerous studies calling for further research on group therapy services for survivors of sexual assault, research on group therapy for the treatment of sexual trauma as well as other types of trauma broadly is limited (Heard & Walsh, 2021), with the exception of Military Sexual Trauma among the veteran population. This is surprising, given that group therapy has the potential to be an efficacious approach with positive cost and time benefits, making group therapy an important addition to services provided to sexual assault survivors by community organizations, healthcare organizations, and universities (Heard & Walsh, 2021). Furthermore, despite this lack of attention in the literature, group therapy may be a viable treatment option for survivors of sexual assault in clinical practice. Currently, therapeutic resources such as group therapy services are available in community, healthcare, and university settings and may provide survivors with the support survivors need for trauma healing and recovery. For example, a study investigated the sexual assault services in university counseling centers reported by 69 mental health professionals from various colleges and universities (Artine & Buchholz, 2016). Respondents of the survey reported group treatment as one of the most common interventions rating group therapy as 3.95 on a perceived effectiveness scale with 1 meaning least effective to 5 meaning most effective (Artine & Buchholz, 2016). This study calls for further studies to better understand the frequency and effectiveness of group treatment for
sexual assault survivors, not only within college counseling settings, but within community and healthcare organizations as well.

Heard and Walsh (2021) conducted a review of the literature to better understand how different approaches to group therapy for sexual trauma are being implemented in clinical practice and to explore their effectiveness. Specifically, they examined therapeutic approach, time since sexual assault, group length, frequency, size, format, structure, norms around sharing in the group, and topics covered within the group. With regard to specific therapeutic approaches, the studies they reviewed utilized eye movement desensitization and reprocessing (Allon, 2015), cognitive processing (Bass et al., 2013), psychotherapy (Carey, 1997, 1999; Leskela et al., 2001; Roth et al., 1988; Volker, 1999), exposure therapy (Karlsson, 2015; Karlsson et al., 2014; VanDeusen & Carr, 2003), art and drama therapy (Mulkey, 2004; Murray et al., 2017; Volker, 1999), stress inoculation (Resick et al., 1988), cognitive behavioral therapy informed supportive and educational interventions (Bicanic et al., 2014; Luna, 2016; Volker, 1999) psycho-education (Fernandes & Yvette Aiello, 2018; Karlsson, 2015; Karlsson et al., 2014; VanDeusen & Carr, 2005), and assertion training (Resick et al., 1988). Furthermore, Heard and Walsh (2021) examined four studies that drew on feminist theory (Ellison, 2014; Longo, 1992; Luna, 2016; Yassen & Glass, 1984), two studies incorporated feminist and psychodynamic theory (Driscoll, 2016; Luna, 2016), and four studies had undefined therapeutic approaches but focused on providing an opportunity for group support and sharing of experiences (Cryer & Beutler, 1980; Gallese & Treuting, 1981; Sprei & Goodwin, 1983; Walls, 1985).

In their literature review, Heard and Walsh (2021) examined studies for information on the time between the sexual assault and participation in group therapy. They found that the time since the sexual assault varied vastly across studies, ranging from 1 week (Cryer & Beutler,
to 34 years (Resick et al., 1988), with some studies having group members with significantly different time elapsed since assault. Heard and Walsh (2021) also noted that some of the articles reviewed suggested a standard time frame of at least 3 months and ideally 6 months since the assault to ensure group members are beyond initial crisis intervention and are able to benefit from the group intervention (Longo, 1992; Resick et al., 1988; Xenarios, 1988; Yassen & Glass, 1984).

In terms of group time, frequency, and size, Heard and Walsh (2021) found in their review that all studies conducted weekly interventions and most were time limited. The majority ran for 8–12 weeks and were typically 2 hours in duration per session (Bicanic et al., 2014; Clifford et al., 2018; Cryer & Beutler, 1980; Ellison, 2014; Fernandes & Yvette Aiello, 2018; Karlsson, 2015; Karlsson et al., 2014; Luna, 2016; Perl et al., 1985; VanDeusen & Carr, 2005; Walls, 1985; Xenarios, 1988; Yassen & Glass, 1984). Four studies using a support group intervention were offered continuously and were not limited (Carey, 1997; Gallese & Treuting, 1981; Leskela et al., 2001; Sprei & Goodwin, 1983). They also noted that regardless of the length of the group intervention, it is best practice for groups to safely terminate and for ongoing support to be provided after the end of an intervention (Carey, 1997; Driscoll, 2016; Heard & Walsh, 2021; Volker, 1999). Additionally, the authors of the literature review found that group sizes tended to range from three (Mulkey, 2004; Murray et al., 2017) to 14 (Karlsson, 2015; Karlsson et al., 2014), with the most common number of group members being between six and eight participants (Heard & Walsh, 2021). Their findings suggested that smaller groups can be effective, particularly for building cohesion, trust, and rapport (Bicanic et al., 2014; Mulkey, 2004; Murray et al., 2017; Perl et al., 1985; VanDeusen & Carr, 2005).
With regard to group structure and format, Heard and Walsh (2021) found in their review that most groups used a closed structure, meaning that new members were not permitted to join the group once the group program began. They explained that this structure allows for the development of safety and trust within the group, and that interventions with an educational component are able to successfully work through the educational material collectively as a group. They noted that this is consistent with prior literature suggesting closed groups of 6-10 participants are practical for group work, are not vulnerable to the negative impact of attrition, allow for trust to be developed, and for confidentiality to be maintained (Carey, 1997; Perl et al., 1985; VanDeusen & Carr, 2005). Most of the interventions reviewed in their study used a structured approach to content delivery, with the exception of five unstructured support groups (Choi et al., 2018; Gallese & Treuting, 1981; Perl et al., 1985; Sprei & Goodwin, 1983; Xenarios, 1988). These groups tended to be flexible with each session allowing participants to direct or guide discussions and group topics. Furthermore, Heard and Walsh (2021) referenced a previous study comparing two structured group interventions (i.e. stress inoculation and assertion training) with supportive unstructured psychotherapy and found no clinically significant therapeutic differences between the interventions (Resick et al., 1988), suggesting that neither structured and unstructured approaches are superior to the other.

In their review, Heard and Walsh (2021) assessed the norms and group rules around sharing their experiences during group. They found that in the majority of interventions, participants were not required to share details of their experiences, however space and support was given to participants if they elected to disclose (Leskela et al., 2001; Longo, 1992; Mulkey, 2004; Murray et al., 2017; Resick et al., 1988; Sprei & Goodwin, 1983; VanDeusen & Carr, 2003, 2005). Conversely, three interventions specifically discouraged participants from sharing
details of their experiences to due to concerns of group members triggering or re-traumatizing each other (Bass et al., 2013; Clifford et al., 2018; Driscoll, 2016).

Lastly, Heard and Walsh (2021) examined topics across the published studies and found that most group interventions included topics such as: self-esteem, trust, power and control, guilt and anger (Driscoll, 2016; Karlsson, 2015; Karlsson et al., 2014; VanDeusen & Carr, 2005; Walls, 1985; Yassen & Glass, 1984). Heard and Walsh (2021) also found that some published studies on group interventions also included topics related to sexuality and relationships (Karlsson, 2015; Karlsson et al., 2014; VanDeusen & Carr, 2005; Walls, 1985), discussions of rape myths (Bhuptani, & Messman-Moore, 2019; Hahn et al., 2018; Newcombe et al., 2008), and issues of shame and self-blame (Carey, 1997; VanDeusen & Carr, 2003). Other topics included validating and normalizing trauma responses, acknowledging thoughts and feelings, addressing experiences of social isolation (Driscoll, 2016; Murray et al., 2017; Roth et al., 1988; Sprei & Goodwin, 1983; VanDeusen & Carr, 2003, 2005), and identifying personal strengths and developing coping strategies (Carey, 1999; Murray et al., 2017; Perl et al., 1985; VanDeusen & Carr, 2005).

This literature review by Heard and Walsh (2021) is one of the first studies to attempt to consolidate the published literature on approaches to group therapy for sexual trauma. The findings from their study provide important information that illustrates what group therapy for sexual assault consists of and how it is implemented in clinical practice. They argue that there is a continued need in the current literature for more rigorous, evaluative research to better understand the contexts in which group therapy can be most effective for sexual assault survivors, as well as the mechanisms of change that underly the therapeutic effect of group treatments (Heard & Walsh, 2021).
For the past few decades, experts in the field of group psychotherapy have advocated for the use of group psychotherapy, and have identified many benefits of group psychotherapy as a therapeutic intervention. For example, Yalom (1998) argues that group psychotherapy creates hope for people by hearing the challenges and successes of others with similar experiences. He further explained that individual change and growth can occur through creating and fostering group cohesion. He also noted that individuals experience altruistic benefit when providing help or support to other group members, and that group psychotherapy has the power to combat isolation and stigma that often accompanies many mental health conditions or painful human experiences (Yalom, 1998).

A few studies in the literature have attempted to examine the benefits of providing group psychotherapy to survivors of sexual assault. In a qualitative interview of four adult women who experienced childhood sexual trauma, the interviewer asked questions about participants’ lives, recovery process and experiences of growth after participation in group therapy (Saha et al., 2011). Before group, participants reported a “traumatized self” that involved avoidance coping, shame, guilt, low self-worth, and unrealistic demands on oneself. Post-intervention, participants reported an overall positive sense of self, meaning making of their traumatic experiences, and increased self-awareness, self-acceptance, and self-confidence. They reported being able to break the silence by speaking out about their abuse and shifted blame from themselves to the perpetrator. The participants reported that they benefitted from being able to tell their own story with people who had similar traumatic experiences but that it was also therapeutic to be able to listen to the stories of the other survivors in the group. They reported that being in a group with other survivors increased feelings of solidarity and commonality, as well as provided a place of safety to speak out and instilled a sense of hopefulness about their future. The authors of this
study emphasized that the therapeutic experience of the group members being able to make meaning of their trauma within a shared environment can not be underestimated.

A quantitative study by Brown and colleagues (2013) reported similar findings with a similar population of sexual assault survivors. In an analysis of a twelve-week group therapy treatment for 31 female adult survivors of incest, it was found that the experience of mutual acceptance and similar traumatic experiences were associated with effective and powerful healing. Clients reported feeling supported by group members’ sharing of similar thoughts and feelings. The authors argue that the dynamic of group support was powerful for the healing and that group treatment has the power to significantly change the lives of survivors. They further advocate for group therapy as a component of the treatment process for survivors of sexual trauma (Brown et al, 2013).

Similar to the results of other studies, Mendelsohn and colleagues (2007) published a review of the group treatment within the Victims of Violence Program (VOV) in the Department of Psychiatry of Cambridge Hospital and Harvard Medical School. The outpatient clinic uses group therapy as a central component in the treatment of economically disadvantaged, multi-cultural individuals who have experienced interpersonal violence. The VOV groups utilize connections among group members as a vehicle for change using the theoretical framework that interpersonal trauma can only be corrected through safe alternative relational experiences. Their groups provide survivors the opportunity to rebuild feelings of belonging, connection, and community that trauma often takes from survivors. Survivors learn to rework maladaptive attributions of themselves and their trauma within the group, and negative or self-blaming statements are challenged by other group members that share the commonality of the traumatic experience. The goal is for survivors to use the group as a “bridge” to other social contexts to
help them seek and find communities that denounce violence, offer safety and offer affirming, caring and compassionate relationships.

A potential goal and subsequent benefit of group psychotherapy for sexual trauma is the reduction in survivors’ PTSD symptoms. Sloan and colleagues (2013) conducted a meta-analysis of randomized control design studies focused on the efficacy of group treatments for PTSD among adult sexual trauma survivors. This study is the most recent meta-analysis to date that examines the literature on group psychotherapy for sexual trauma and PTSD outcomes. Findings from this meta-analysis indicate that group therapy is an efficacious treatment for PTSD, however the research exploring group treatment for PTSD is significantly lagging behind individual treatment for PTSD. In many of the studies, the participants reported high satisfaction with the group treatment and perceived benefits from attending the group beyond outcome measures of PTSD symptoms in the studies reviewed. The authors hypothesized that the efficacy of the various types of manualized treatments might be based on the shared general benefits of group therapy (Sloan et al., 2013). Recent literature supports this notion, with emerging evidence from more recent studies suggesting group therapy may be particularly effective for treating PTSD (Heard & Walsh, 2021). Authors from a few of the studies reviewed by Heard and Walsh (2021) suggested that group therapy may be effective for treating PTSD due to group members building trust, developing interpersonal relationships, and reducing shame and stigma through the sharing and validating of experiences (Schwartse et al., 2019; Yalom & Leszcz, 2005). However, these researchers acknowledge that the field knows little about what group treatments work best for which traumatized populations, yet this information is vital in advancing our understanding of group therapy for PTSD. In other words, there is evidence to suggest that group therapy produces positive outcomes on PTSD for sexual assault survivors, but it is unclear what
variables contribute to the demonstrated therapeutic effect (Heard & Walsh, 2021; Sloan et al., 2013).

Furthermore, experts on group therapy have published literature on the benefits of group psychotherapy for sexual trauma, and posit that group treatments may provide the strongest remedy for traumatic experience, through recreating a sense of belonging, restoring a sense of humanity, and affirming or building up the trauma survivor (Herman, 2015). According to Herman, the group is a powerful and convincing source to help eradicate the feelings of isolation, shame, and stigma of abuse. In this space, they are able to share and express similar thoughts and emotions, counteracting the often isolating nature of sexual trauma. Since the experience of trauma is often very isolating, survivor groups may hold an important part in the recovery process by offering a unique experience of support or understanding that may not otherwise exist in a survivor’s ordinary social environment (Herman, 2015). This notion is consistent with other literature suggesting that groups provide opportunities for the fostering of healthy social connection, thus reducing the isolation caused by trauma (Menon et al., 2020). Additionally, other literature compliments the work of Herman (2015) by arguing that group therapy helps survivors challenge myths related to sexual assault that perpetuates shame and self-blame through shared experiences, encouraging posttraumatic growth (Chivers-Wilson, 2006; Menon et al., 2020). Herman’s (2015) work also suggests that groups provide a sense of collective empowerment utilizing the strengths of each member to develop shared resources. They also allow trauma survivors to better accept love from others, give love to others, and to better love themselves. Herman explains that a group that is functioning properly has the potential to provide an environment that invites the survivor to remember the trauma and to stimulate new ways of thinking about the traumatic experience, while simultaneously offering
emotional support as the survivor mourns the various losses associated with the trauma. The group shares the experience of remembering and mourning the trauma with the survivor and allows space for the survivor to express a level of grief that may otherwise be overwhelming for one individual. Similarly, while the group is processing feelings of grief and mourning, it is simultaneously providing hope and optimism for new relationships even though the group is situated in trauma and grief. Group members support the survivor in sharing their narrative of the trauma and support each other to take the emotional risks needed to make progress in their trauma recovery. The support group also allows survivors to experience a sense of “collective empowerment” amongst the group and enhance their process of healing by helping other members of the group (Herman, 2015). Thus, sexual assault support groups can be beneficial to survivors in numerous ways by allowing group members to provide and receive support during their journey of recovery from sexual trauma.

Similarly, Mendelsohn and colleagues (2007) posit that sexual assault support groups provide survivors with a sense of community that counters the isolation experienced from trauma, which allows them to experience resilience within themselves and observe it in other group members. The authors describe groups as a microcosm where survivors are able to work through their trauma within a safe, structured, relational environment. The new relational experiences developed among the group provide a context for survivors to experience safety within relationships, learn self-value, and develop healthy patterns in interpersonal relationships. The survivor takes the new skills and ways of relating to others developed in group and applies them to their external relationships outside of the group. Additionally, they argue that the support group may be the only context in which they are able to feel a sense of safety and community to process the details and memories of their sexual trauma (Mendelsohn et al., 2007).
These studies and the available literature contribute empirical evidence affirming that groups can be invaluable for survivors of sexual assault (Brown, et al., 2013; Herman, 2015, Mendelsohn et al., 2007; Saha et al., 2011), and advocate for ongoing research and evaluation to strengthen the knowledge in the literature on the ways in which group psychotherapy is an effective treatment for survivors of sexual trauma. Indeed, this notion has been frequently reported among practicing clinicians in the field (Artime & Buschholz, 2016). Furthermore, the findings of these studies provide evidence for the utility of examining the interpersonal dynamics within these groups to further understand the ramifications of sexual assault survivors having therapeutic relationships with one another within the group setting, particularly the negative aspects, as they are the most under-researched in the current literature.

**Vicarious Traumatization & Shared Trauma**

In order for groups to be effective and safe, there needs to be a clear, focused task agreed upon by the group and a proper structure that protects all group members from potentially harmful group dynamics. If the focus of the group is lost, group members can easily activate traumatic distress in one another through disclosing their previous or current traumatic experiences (Herman, 2015). Minimal research has been devoted to understanding the nuances of disclosure of sexual assault experiences between group members, however understanding this dynamic is necessary for the field to understand how or if group therapy is beneficial for survivors healing from sexual assault.

Survivors often report experiencing an increase in symptomology at the outset of group, but most soon experience positive feelings from being recognized and understood in the group context (Herman, 2015). But what about those who do not? It has been acknowledged that no one group can benefit all survivors, and a group that is beneficial for one person might be
ineffective or even harmful for another survivor depending on where each person is in the process of healing and recovery (Herman, 2015). It is important to understand the experience of triggered personal memories of sexual trauma that may arise from other survivors’ disclosure of sexual assault (Paul & Sasson, 2013) in a group.

In the extensive and groundbreaking work of van der Kolk (2014) on psychotherapy with trauma survivors, he demonstrates that traumatic reminders can cause neurobiological responses that have the potential to elicit unexpected responses in trauma survivors. Researchers and clinicians often refer to these traumatic reminders as triggers (Courtois & Ford, 2013), as these reminders trigger or lead to certain responses in trauma survivors, such as activating areas of the brain responsible for intense emotions and deactivating areas of the brain that inhibit emotions (van der Kolk, 2006). Therefore, therapeutic interventions that invoke reminders of the trauma have the potential to be healing, but may also have the potential to be distressing (van der Kolk, 2006). As a result, there have been concerns that have emerged among clinicians and researchers that group psychotherapy has the potential to unexpectedly trigger memories of past traumatic experiences for group members as a result of hearing descriptive details of the traumatic experiences of other group members (Courtois & Ford, 2013). Despite these concerns, the exploration of triggers within group psychotherapy for sexual assault remains an understudied area of research. Furthermore, there are concerns that group members have the potential to make unhelpful or harmful comparisons between their experiences and the experiences of others (Barrera et al., 2013), which is likely to exacerbate their distress and trauma-related symptoms. Conversely, the literature has found evidence to suggest that exposure-based group therapy was beneficial in reducing PTSD symptoms (Barrera et al., 2013). These concerns, coupled with the
conflicting evidence in the literature, emphasizes the vital need for further exploration of these nuanced dynamics within group psychotherapy for sexual trauma.

The vicarious traumatization (VT) and shared trauma literature begins to examine these concerns. Vicarious traumatization, originally developed as a concept by McCann and Pearlman (1990), is the unique, negative, and cumulative psychological consequences and emotional transformations that occur as a result of engaging in an empathetic relationship with trauma survivors. Overexposure to trauma survivors potentially leads to the questioning of values, beliefs, and cognitions once held by the helping professionals. It may involve alterations in thoughts related to self-concept, trustworthiness of others, and the world as a safe place, as well as changes in the support provider’s behaviors and relationships. Vicarious traumatization has been studied within a diverse range of helping professions, such as victims services, first responders, emergency medical services, fire services, law enforcement, medical professionals, rape crisis and domestic violence counselors, social workers, child advocacy personnel, victim advocates within the legal system, and mental healthcare providers (Molnar et al., 2017).

The development of vicarious traumatization in therapists is directly related to client disclosures of traumatic experiences (Branson, 2019), and Foreman (2018) suggests that increased exposure to the traumatic experiences of clients over time increases a therapist’s risk for the development of vicarious traumatization. Importantly, the impact of vicarious traumatization has been found to be most pronounced when a variety of variables are present. One such variable is having a previous trauma history (Tosone et al. 2012). There is support within the literature that a personal history of trauma for the clinician may serve as either a risk or a protective factor for vicarious traumatization (Branson, 2018), and these dynamics are
largely underexplored within the current literature on the treatment of trauma-exposed populations.

Understanding the relationship between trauma history and vicarious traumatization is important as many survivors are motivated to seek careers within this field as clinicians focused on trauma recovery because of their personal experiences (Branson, 2018). They may have struggles with traumatized clients that go beyond vicarious traumatization. The term for this phenomenon has been labeled shared trauma, and is defined as the emotional, psychological, cognitive, and behavioral response experienced by clinicians when they experience the same type of trauma as their clients (Tosone et al., 2012). Shared trauma can be thought of as what occurs when both a client and therapist have experienced separate but similar traumatic experiences, such as sexual assault (Bell & Robinson, 2013). The construct of shared trauma is slightly different than vicarious traumatization because it involves a shared experience of trauma rather than, and possibly in addition to, secondary traumatic effects from exposure to another’s account of a traumatic experience (Tosone et al., 2012). Mutual healing may occur when a clinician and client share a personal traumatic experience such as sexual assault (Tosone, et al., 2012), and therapists may experience vicarious resilience from exposure to the strength and resilience of the trauma-exposed client (Bell & Robinson, 2013). The close proximity of the clinician to the traumatic experience; however, potentially lends itself to increasing traumatic distress for the clinician when shared trauma is present (Tosone et al., 2012). Therefore, within these dynamics in the therapeutic relationship, the therapist and the client have the potential to retraumatize each other because of shared trauma (Bell & Robinson, 2013).

Extending the concept of shared trauma, it is highly likely that this dynamic as well as vicarious traumatization may be present within the relationships among sexual assault survivors.
in group therapy, as they attempt to support each other while healing from similar traumatic experiences. Despite the likelihood of the existence of this dynamic, there is a scarcity of literature exploring the presence of these two constructs within relationships between survivors of sexual assault. Currently, shared trauma is the closest concept, but it is studied exclusively through the relationship between therapist and client. The current literature has yet to explore the effects of shared and vicarious trauma among survivors of sexual abuse, beyond those who are clinicians providing psychological services to trauma-exposed populations. It is quite possible that exposure to other accounts and recollections of sexual trauma could serve to re-traumatize the sexual assault survivor, which stresses that further research in this area is critical.

**Objectives of the Current Study**

A lack of social support is one of the strongest predictors of the development and maintenance of PTSD symptoms among sexual assault victims (Orchowski et al., 2013; Ullman & Relyea, 2016; Wagner et al., 2016), which highlights the importance of social relationships for those exposed to trauma (Dworkin et al., 2017; Littleton, 2010). Despite this understanding, there is an absence of literature exploring the potential benefits of sexual assault survivors seeking support from one another over a shared or similar traumatic experience. Sexual assault support groups provide a context in which this can be examined.

Since the experience of trauma is often very isolating, and PTSD symptoms may serve to further isolate survivors, survivor groups may play an important part in the recovery process by offering a unique experience of support or understanding that may not otherwise exist in a survivor’s typical social environment (Herman, 2015). Therefore, this study aimed to explore the beneficial and protective factors associated with peer relationships among survivors of sexual trauma. This study sought to explore how sexual assault survivors utilize each other for social
support within a group therapeutic context. Furthermore, this study examined the experience of sexual assault survivors as they help other survivors process and recover from their traumatic experiences. The phenomenon of shared trauma (i.e. two individuals experiencing the same type of trauma) and the potential for vicarious traumatization has not yet been explicitly explored in sexual assault research. As a result, this study explored the potential negative effects of vicarious traumatization and shared trauma within the relationship of peer-to-peer sexual assault survivor support groups.

This study examined the buffering and supportive effects of social support between sexual assault survivors, as well as the potential negative effects of vicarious traumatization and shared trauma within a group therapeutic context. These complex dynamics were examined through the relationships and experiences of sexual assault survivors that have engaged in sexual assault support groups through the use of a qualitative methods and analysis. In alignment with these aims, the current study sought to address the following research questions:

(1) What are the aspects of sexual assault support groups that are healing or helpful to survivors?

(2) What are the aspects of sexual assault support groups that were unhelpful or contributed to survivors deciding to discontinue attending the group?

(3) How are survivors affected by the exposure to other group members’ disclosure of their sexual assault experiences? Are they impacted by the shared trauma that is present amongst group members?

(4) What is the role of the therapists or group facilitators in sexual assault support groups?
(5) What advice would survivors give to other survivors attending or considering attending a sexual assault support group?

This study aimed to add to the existing literature on the protective factors and buffering effects of engaging in group therapy for sexual trauma. Additionally, to this author’s knowledge, this study is the first to date that examines the impact of vicarious traumatization and shared trauma amongst sexual assault survivors engaging in sexual assault support groups.
Chapter Two: Methods

Design

To assess the positive and negative effects of engaging in social support during post-trauma adjustment, this research study utilized qualitative methods. Qualitative research prioritizes the participants’ experiences, allows participants to be the experts of their own lived experiences, and provides them an opportunity to have agency in the research (Braun & Clarke, 2006; Gelo et al., 2008). This approach to research design has been described as a ‘Big Q’ approach to qualitative data, contrasting from ‘small q’ approaches that are based in positivist-empiricist quantitative theoretical orientations that are concerned primarily with reliability, avoidance of researcher bias, and generalizability (Terry & Hayfield, 2021; Braun & Clarke, 2013). Individual differences in response to treatment, and the possibility that group therapy contexts may evoke both positive and negative consequences for survivors, require a richness of data and nuance that might be lost in a quantitative study.

This research study utilized a qualitative design for data collection through online, open-ended surveys. This approach afforded participants the ability to disclose as much or as little of their experience as they wish, minimized the time burden for participating in the research study, and allowed participants to partake in the study at their convenience. After participants completed the surveys, the surveys were first assessed by the primary investigator to verify that participants met inclusionary criteria. The surveys were then assessed by the research team for data analysis. This research study utilized thematic analysis as outlined by Braun & Clarke (2006) to analyze the data collected from the qualitative surveys. Further details on data analysis are summarized in the Analytic Method section below.
Participants

Individuals who have or are currently attending sexual assault support groups were recruited for this study. In order to participate in this study, individuals met the following criteria: (a) they have previously or are currently participating in a support group for sexual assault survivors and (b) they are at least eighteen-years-old. Apart from these restrictions, diversity in the sample was sought with regard to race/ethnicity, sexual orientations, gender identities, and socioeconomic classes, provided they met the inclusion criteria.

Participants were recruited through college students enrolled in Introduction to Psychology and Multicultural Psychology courses at a northeast public university. The SONA system, which was used for recruitment, was explained to students in their classes, and they could find this research study and others listed on the system’s website. Students signed up for participation in the study of their choice through the system. These students are required to participate in a research study or to complete an alternative assignment as part of their course requirement. Students that elected to participate received 1 research credit for completing their course research participation requirement following participation. Interested students signed up for the study in the SONA system and then were directed to the Qualtrics survey.

There were 46 individuals who signed the informed consent forms on Qualtrics and volunteered to participate in the study, however 29 completed the survey, which comprised the dataset analyzed in this study. All participants were between the ages of 18 and 29 (N = 29). The majority of participants self-identified their race as White/Caucasian (n = 20), with 5 participants self-identifying as Black/African American, 3 self-identifying as Hispanic/Latinx, and 1 participant electing not to report their race. The majority of the sample was female (n = 21), with 8 males participating in the study. While 22 participants reported their sexual orientation to be
heterosexual, 7 identified as LGBTQIA+, with 24.1% of participants identifying with a diverse or minority sexual identity. All participants were college students ($N = 29$), however 14 participants had part-time employment in addition to their student status, and 1 participant had full-time employment in addition to their student status.

In addition to demographic information, data was collected regarding participants’ experiences in sexual assault support groups. 72.4% of participants attended 1 group ($n = 21$), 17.2% ($n = 5$) participants attended 2 to 3 groups, and 10.3% ($n = 3$) of participants attended 4 or more groups. Information on the number of group sessions participants attended was also collected, with 34.5% ($n = 10$) of participants reporting they attended 1 group session, 27.6% ($n = 8$) participants attended 2-3 group sessions, 6.9% ($n = 2$) attended 4-5 group sessions, 13.8% ($n = 4$) attended 6-7 group sessions, 10.3% ($n = 3$) attended 8-9 group sessions, and 6.9% ($n = 2$) attended 10 or more sessions. A table detailing participant demographics and background information can be found in Appendix C.

**Procedure**

Approval of all protocols and materials was obtained through West Chester University’s Institutional Review Board (IRB) before the survey was disseminated. Students signed up for the study in the SONA system and then were directed to Qualtrics. Potential participants were directed to the informed consent form prior to having access to the survey questions. Information regarding the inclusion criteria was provided along with the informed consent form on Qualtrics to confirm that the participant met the inclusion criteria for the study, to inform them of what was required of their participation, and what they would receive as compensation. Participants were asked to read the inclusion criteria and to sign the informed consent form to confirm they met the criteria to participate in the study and that they voluntarily consented to participate.
part of the informed consent form, they were asked to consent to direct quotes from the interview and were informed that no identifying information will be quoted or published as part of the study. Once the informed consent form was signed, the participants were directed to the survey questions and instructed to respond to them. Participants were also notified at the start of the survey that they did not have to answer any questions that they were uncomfortable with, and they could stop their participation in the study at any point. The consent forms and survey responses were stored on separate password-encrypted flash drives. The consent forms were kept electronically on a password-encrypted flash drive that only the primary investigator and research supervisor had access to and was stored in a locked filing cabinet in the research lab.

As previously described, a qualitative approach utilizing an open-ended survey was used. The survey involved a set of open-ended questions regarding participants’ experiences in their sexual assault group. The full survey can be found in Appendix B. Further information about the contexts of the survey can be found in the “Measures” section as well. The background, demographic information, and the informed consent forms were stored separately from participants’ survey responses on a separate password-encrypted flash drive that only the primary researcher and the research supervisor had access to. The flash drive was stored in a locked filing cabinet in the research lab. In addition to the survey responses being recorded on Qualtrics, they were also stored on an encrypted flash drive for coding and analysis purposes. Survey responses were not saved on any other software, program or computer. Only the primary researcher, the research supervisor, and undergraduate research assistants had access to the flash drives containing survey responses. Undergraduate research assistants enrolled in an undergraduate research course towards their undergraduate degree in Psychology assisted in coding and data analysis. Multiple members of the research team coded the data to increase reliability of the
coding procedure and the subsequent themes that were identified from the data set. Prior to their participation in any portion of the research, undergraduate research assistants were required to complete program requirements for human subject research. Research assistants were also trained by the primary investigator on the specific important considerations of confidentiality within trauma research and how any violations of confidentiality could serve to re-traumatize the participant or re-enact patterns from previous trauma experienced by the participant.

Participants were assigned numeric codes during data coding to protect their identity and confidentiality. Each research assistant received an encrypted flash drive with the survey responses for coding. Only the primary investigator and research assistants had the encrypted passwords to access the survey responses contained in the flash drives. The research team only had access to the flash drives the coding and analysis phase of the research study. Following this phase, the flash drives were returned from the research assistants to the primary investigator. The analytic approach for this research will follow the coding steps of thematic analysis outlined by Braun & Clarke (2006). The Data Analysis section provides further information on the coding and analysis procedures used in this study.

**Measures**

A qualitative approach utilizing an open-ended survey was used. A limitation of utilizing online surveys as the method of collecting qualitative data is the inability to ask participants to elaborate on responses (Riggle, et al., 2005). The advantages of this method, however, is that surveys afford participants increased confidentiality, the ability to disclose as much or as little of their experience as they wish, decrease the time burden for participating in the research study, and allow participants to partake in the study at their convenience. These adjustments aimed to decrease barriers and encourage participation. The privacy that is offered through online open-
ended surveys can broaden the pool of potential participants, especially if the survey concerns sensitive or embarrassing topics (Braun & Clarke, 2013). Due to the stigma and shame that is often experienced by sexual assault survivors, it was determined that the use of online open-ended surveys may encourage more survivors to participate in the research and share their experiences who would otherwise not consent to participate in a study involving a semi-structured interview.

Potential participants were directed to the informed consent form prior to having access to the survey questions. Information regarding the inclusion criteria was provided along with the informed consent form on Qualtrics to confirm that the participant met the inclusion criteria for the study (i.e. they were at least 18-years-old, have experienced sexual trauma, and they have engaged in a support group for sexual trauma). The first set of questions on the survey collected information regarding participants’ background and demographic information. The second set of questions concerned the primary focus of the research study, and focused on asking participants about the helpful aspects of attending a sexual assault support group, unhelpful aspects of attending these groups, if and why they chose to stop attending these groups, how they were impacted by the shared trauma that existed between themselves and other group members, how the therapists managed the group, and any advice they had for other sexual assault survivors that may be attending or considering attending a sexual assault support group. See the appendix B for the research questions in the online survey. The survey questions were designed to be consistent with the research questions of this study, and were developed in consultation with a member of the dissertation committee with an expertise in qualitative research. Completion time for the survey ranged from 4 to 45 minutes. The survey remained accessible and open for students to participate on Qualtrics for three months.
Risks

It is possible that participation in this study involved minimal to moderate levels of risk to participants since participants were asked to engage in reflection upon traumatic and painful experiences. Although this posed a risk to participants, due to the inclusion criteria for this study, participants that were currently attending sexual assault support groups received therapeutic support through their engagement in group therapy to manage this risk. For those not currently attending such groups, the National Sexual Assault Hotline (1-800-656-4673) or the National Suicide Prevention Crisis Line/Veteran's Crisis Line (1-800-273-8255) were provided in the informed consent forms and at the conclusion of the survey on Qualtrics. Additionally, participants were encouraged to contact their nearest hospital or emergency room crisis center if they became upset following their participation and needed to speak with someone urgently. Participants were also provided with the contact information of the primary investigator and research supervisor/dissertation chair should participants experience research related discomfort and wish to speak with someone. Participants were notified in the informed consent forms of their option to discontinue participation if significant distress was experienced at any point during their completion of the survey. No participants indicated distress or the need to seek mental health services as a result of their participation in the study to the primary investigator or dissertation chair.
Chapter 3: Reflexivity Statement

The reflexive and flexible nature of thematic analysis involves a reflexive statement of the researcher that outlines the researcher’s relationship to the topic and participants, and to what extent these relationships influenced the study design, data collection, data analysis or final results (Terry & Hayfield, 2021). The following is my personal reflexivity statement, along with the ways in which I navigated these biases in the context of this study.

My original interest in the study, treatment, and advocacy of sexual trauma was partially academic, partially due to my lived experiences, and my awareness of the social identities one can have that increases the risk of experiencing gender-based violence or sexual trauma. As a result, I became more aware of the epidemic of sexual trauma in the United States. In college, I majored in Psychology with a minor in Women’s and Gender Studies. My studies, my personal experiences, and the experiences of my friends, family, and peers made me keenly aware of the prevalence of sexual assault, and the cultural scripts of victim-blaming and slut-shaming that served to perpetuate sexual violence. After completing my undergraduate capstone project on how college women negotiate consent in their sexual relationships, I began to utilize research as a tool for advocacy. It is my hope that the current study is used as a tool to advocate for and improve the support and services sexual assault survivors receive.

I am currently completing my doctoral degree in Clinical Psychology with a trauma specialization and provide individual and group therapy for Veterans with PTSD through my predoctoral clinical internship. My experience as a trauma therapist has allowed me to analyze and interpret the data through a trauma-informed lens. Rather than viewing my knowledge and expertise in sexual trauma as a potential negative bias interfering with my objectivity, I view my knowledge and expertise as playing an important role in understanding and giving a voice to the
lived experiences of the survivors that participated in this study. I believe each survivor in this study is an expert on their own lived experiences, and I chose methods for this study that gave voice to participants’ lived experiences and allowed those experiences to drive the results of this study. I view this as a trauma-informed approach, which is in alignment with my professional value of taking a trauma-informed stance when studying, treating, and advocating for survivors of trauma.

Providing group psychotherapy to survivors of trauma is an integral part of my clinical practice as well. As such, I am able to draw upon my clinical experiences to understand the ways in which group dynamics influenced participants’ experiences of attending sexual assault support groups. My position as a group psychotherapist affords me the ability to engage on a deeper level with the data and may help me understand aspects of survivors’ experiences that were difficult for them to communicate through survey responses. To my knowledge, none of my personal group or individual clients participated in this study.
Chapter Four: Data Analytic Approach

The data for this study was analyzed using thematic analysis, a method for identifying themes across a qualitative data set and is a useful approach for exploring under-researched phenomena (Braun & Clarke, 2006). Thematic analysis is an atheoretical approach to data analysis (Terry & Hafield, 2021), and as such, a theoretical orientation must be identified. An experiential orientation was employed, which involves exploring participants’ first-person perspectives of a phenomenon (Terry & Hayfield, 2021). This theoretical orientation allowed the exploration and understanding of participants’ first-person accounts of their experiences attending sexual assault support groups. Additionally, a critical realist epistemological framework was taken for the analysis of this study, which views participants’ accounts as representative of their reality and lived experiences, while simultaneously acknowledging that their reality and experiences are mediated through their multiple social realities and the wider sociocultural context (Sims-Schouten, Riley, & Willig, 2007; Willig, 1999). Through this framework, participants’ survey responses represent their reality and experiences of attending sexual assault support groups, and at the same time, it is acknowledged that those experiences are influenced by participants’ various social identities and the cultural narratives or scripts about rape, sexual assault, mental health, and therapy that are perpetuated within the sociocultural context in which participants are embedded.

Data was analyzed using an inductive or ‘bottom up’ thematic analysis to identify themes and allow the participants’ lived experience to drive the themes, as opposed to a deductive or ‘top down’ approach where theory determines coding and theming (Terry & Hayfield, 2021). In practice, this inductive approach meant following the reflective and flexible process of Thematic Analysis as outlined by Braun & Clarke (2006).
Phase one of analysis involved immersion in the data through careful reading and secondary readings of the surveys. After data was collected, the primary investigator transferred each participant survey from Qualtrics onto a word document, except for participant responses related to their demographic information. These word documents were saved onto each research team members’ password encrypted flash drive, which was stored in the research lab. Each member of the research team independently viewed the surveys twice in the lab to familiarize themselves with the data.

Phase 2 involved generating initial codes from the data that reflect common elements among participants’ responses to each of the 5 research questions. Each question on the survey was reviewed to code for common elements under each research question, as topics related to each research question could be raised and discussed under any section of the survey. Multiple members of the research team coded and analyzed the data to increase reliability of the coding procedure and the subsequent themes that were identified from the data set. The coders used in this study consisted of the primary investigator and two undergraduate research assistants. Prior to participating in the data analysis process, the primary investigator assigned readings and provided a series of didactic seminars to the undergraduate research assistants to train them in Thematic Analysis, the type of qualitative analysis used in this study. Coding allows researchers to interpret and make meaning of the data while also reducing the data to a list of meaningful codes (Terry & Hayfield, 2021). In practice, this meant highlighting an extract of data on the word document and adding a comment in the document with the related codes. Each coder also created a document consisting of a list of each code and the pieces of data that were labeled with each code. Codes consisted of labels that conveyed a key point about the data and succinctly summarized the piece of data. The primary researcher and two research assistants each
independently viewed the surveys and identified codes across the data set. When beginning to code the surveys, each coder initially identified many new codes. As the coders progressed through coding the surveys, existing codes that were developed early on in the coding process were repeatedly assigned to the new extracts of data that were coded later on in the coding process. When relevant, new codes were developed to capture any new or different information from the data set that was distinct from the previously identified codes. A combination of latent and semantic codes was used by the research team. Since members of the research team examined the data independently, the research team met together to discuss the codes upon completion of the coding process. A final list of codes was created to combine the codes that were produced by each of the coders on the research team.

Phase 3 involved identifying initial themes from the generated codes. The goal was to identify themes that answered the research question by contributing a strong central organizing concept that holds the codes and their data together (Braun, 2018; Braun & Clarke, 2013; Terry, et al., 2017). This involved clustering and combining codes to construct meaningful patterns across the data set that answered the research questions. Occasionally, a code was considered by the research team to be strong enough to have a central organizing concept of its own. In those instances, the research team discussed the code and promoted the code from simply a code to a potential theme. Once these steps were completed, the research team created a thematic table. The thematic table allowed the research team to see the potential themes in relation to one another and the codes that were used to build the theme (Terry & Hayfield, 2021). Each research team member independently developed a thematic table to answer one of the research questions and presented and discussed the thematic table with the research team.
Phase 4 involved reviewing the proposed themes to ensure the themes accurately reflected the data, were sufficiently coherent, and were different from the other identified themes. Themes were reviewed to determine if they needed to be discarded, retained, or altered into one or more different themes. This phase was focused on ensuring that each theme captured a distinct organizing concept that differed from the other themes, and when combined with the other themes, collectively created the overall story of the data set (Terry & Hayfield, 2021). It was also during this phase that subthemes were identified, which have an organizing concept of their own that are distinct from each other but operate in relation to the primary theme (Terry & Hayfield, 2021). In this phase, the research team met together and collectively reviewed the thematic tables developed in phase 4, discussed if themes identified in the tables should be retained, if they needed to be modified or discarded, or if they needed subthemes to further support the central organizing concept of the theme.

It was also during this phase that inter-rater reliability was calculated to describe the percentage of agreement among coders of the final themes. According to McDonald and colleagues (2019), inter-rater reliability is a “statistical measurement designed to establish agreement between two or more researchers coding qualitative data”. The primary investigator and one research assistant independently reviewed the data set and coded each survey for each theme. A “1” in the excel spreadsheet indicated that the theme was found in the data of the survey, with a “0” indicated that the data in the survey did not support the theme. Inter-rater reliability was calculated by taking the number of agreements between coders divided by the number of possible agreements between coders. The initial inter-rater reliability of the coders was 91.4% (265 agreements out of 290 possible agreements). It has been suggested that an inter-rater reliability of 80% amongst coders on 95% of the codes is sufficient agreement (Miles &
Huberman, 1994). The inter-rater reliability for this study far exceeded the benchmark for sufficient agreement. Despite the initial sufficient agreement between coders, the primary researcher and research assistant reviewed the data again, and all coding disparities were discussed. Reviewing discrepant codes allowed for the increase of agreement among coding and therefore increased inter-rater reliability to 100% (i.e. 290 agreements out of 290 possible agreements).

Phase 5 involved defining the themes and finalizing the names of the themes. The research team devised theme definitions for each theme. Theme definitions further refine themes, confirm that the concept behind the theme has adequate depth, and clarify the relationship between themes and overall story of the themes (Terry & Hayfield, 2021). When developing theme definitions, the research team reflected and answered the following questions: “Is the theme more than just a code? Can multiple codes cluster around this organizing concept? What does this theme tell us about the data and our research question? What does this theme include? What does it exclude? In what ways is the theme similar or different from the other themes? How much data supports this theme? Are we making too much out of too little information? Are there good examples from the data to make the theme credible? How broad is this theme? Is it an organizing concept or is the data too diverse that it is only summarizing the codes?” Once this process was completed, the research team collaboratively reviewed theme definitions. It was determined during this phase that two potential themes were not distinct enough to stand alone as their own theme, and that the codes related to these themes were better explained by other existing themes. The last part of this phase involved the research team collaboratively determining names for the final themes.
Lastly, the final stage involved writing the results by identifying and describing the themes in a way that tells the story of the data. Supporting passages consisting of direct quotes from participants’ survey responses were used to further illustrate and support the generated themes. Quotes from participants were anonymized by removing any names or identifiers participants used in their responses. When names were used by participants, the names were omitted altogether or pronouns were used if the participant indicated the person’s pronouns elsewhere in the survey. The theme definitions developed during the previous stage were used to inform the illustration of themes in the results section. The results section was written during this final stage of analysis by the primary researcher.
Chapter Five: Results

Twelve themes were identified in the dataset to address the five research questions of this study. Three of the themes related to the ways in which participants found sexual assault support groups to be helpful. Two of the themes related to participants’ experiences of the groups as unhelpful or ineffective, and two themes focus on how participants responded to trauma-related reminders that emerged as a result of attending the sexual assault support group. Three themes address the role of group members in facilitating the helpfulness of the sexual assault support group for group members. Lastly, the final two themes address the advice that participants have for fellow sexual assault survivors who may be considering or are already engaging in sexual assault support groups. The frequency in which each theme was coded from the data is summarized in Appendix D.

1. Helpful Aspects of Attending Sexual Assault Support Groups

Three themes were identified from the data set relating to helpful aspects of Sexual Assault Support Groups. The first theme highlighted ways in which the group provided a safe environment. The second theme captured the ways in which the group facilitated increased understanding for group members, with two subthemes to capture the distinct ways in which the group increased understanding – of the self and of sexual trauma more broadly. Finally, the last theme captured the power of shared experiences among group members.

**Theme 1: Group provided a safe environment**

This theme highlights how sexual assault support groups provide a safe environment for group members to process their traumatic experiences. Participants described how the presence of these variables allowed the group to be experienced as a safe place for trauma processing, and how the experience of safety within the group was crucial for participants to be able to benefit.
from the group. Of note, in response to the research question of unhelpful aspects to the group, participants reported that if there was an absence of a safe or supportive environment the group was ineffective or unhelpful. Participants reported that the group was deemed a safe, supportive environment when participants perceived that the group had an absence of judgement, they felt they were able to talk openly and honestly, and were able to express their thoughts and feelings related to their traumatic experiences.

“It is a heavy and taboo topic that these groups finally give us a safe place to process. It is a judgement-free zone, because we have all been through something similar” (heterosexual, white female).

“I like when you can feel comfortable and not judged” (heterosexual, white female).

“Everyone is judgement free and understanding” (heterosexual, white female).

“I think they’re welcoming and considerate” (LGBTQIA+, white male).

Participants reported that the group was helpful when they were able to feel safe enough to “get things off their chest” in the group. Sexual trauma by nature is often isolating, and many survivors experience guilt and shame that prevents them from sharing their stories and receiving support from their social network. Participants reported that the group was helpful in giving them the space and permission to share their stories of their sexual assault experiences, process how the trauma has impacted them, and to speak the unspoken; the aspects of sexual assault that are difficult to voice to others. This would not be possible in this context without the group being experienced as a therapeutically safe environment.

“Helps you relate to others and get things off your chest” (LGBTQIA+, white male).

“I think that these groups can be a helpful outlet for expressing subjects not easily or commonly talked about” (LGBTQIA+, white male).
“The groups allow people to talk about their issues in an open environment” (heterosexual, white male).

Participants also noted that collective authenticity among group members, and a shared sense of mutual vulnerability and honesty contributed to the experience of the group as a safe space.

“Most helpful aspect was the transparency and honesty everyone provided” (heterosexual, Mexican male).

“I liked how honest they are and how you can be yourself” (heterosexual, white female).

Overall, this theme demonstrates that one of the key aspects to sexual assault support groups being helpful for these participants was the safety and trust established within the group that created the necessary environment for trauma processing and healing.

**Theme 2: Group facilitated understanding**

This theme demonstrates how the group provided education that led to insight and increased understanding. This understanding is two-fold and is divided into two separate subthemes, as the group provided both an understanding of oneself and each participants’ individual experiences of sexual assault, as well as an understanding of sexual trauma more broadly. The sexual assault support group provides a level of education and facilitates learning that might not otherwise occur if a survivor does not gain this education elsewhere.

**Subtheme 1: Group increased understanding of the self.** This subtheme overall captures the ways in which the group was helpful in facilitating insight and understanding for group members regarding their experiences of sexual trauma. Participants reported that the group was helpful in learning about themselves and making sense of what happened. Being able to talk about their traumatic experiences and discussing their thoughts, feelings, and impact of the trauma with the other group members helped them to process the trauma and helped them better
understand such experiences. Similarly, hearing other group members’ experiences of the same trauma helped group members learn from their peers and apply that knowledge to better understand their own personal experiences. It also allows group members to learn coping skills in group that can be directly applicable to their recovery and healing.

“The group help me a lot to know more about myself” (heterosexual, African female).

“For me the act of talking about my trauma helps me understand what actually happened” (heterosexual, Black female).

“It helps me find ways to cope” (heterosexual, white female).

One powerful understanding some participants had about themselves as a result of attending these groups was that they are not seen as “less than” or “dirty” because they experienced sexual trauma. Many survivors feel guilt, shame, and experience negative long-term effects of the trauma on their self-esteem, self-concept, or body image. The sharing of experiences among group members served to normalize their reactions to trauma and combat the tendency to internalize the experience. Instead, group members were able to have a new understanding that just because they experienced sexual assault, that they are not a fault and are not “dirty” or “less than” as a result.

“It's okay you felt helpless and that it isn't your fault” (LGBTQIA+, white female).

“The people there do not see each other as "used" or "dirty" for being raped (heterosexual, white female).

Overall, the results from this subtheme illustrate the ways in which participants viewed the support groups as being beneficial in increasing their understanding of their experiences of sexual trauma.
Subtheme 2: Group increased understanding of Sexual Assault. For many participants, the support group served to provide education that led to a deeper understanding of sexual assault and served to dispel common myths or misperceptions related to sexual assault. The group was helpful in destigmatizing sexual assault for group members. Historically, sexual assault survivors have often been scrutinized or blamed for being sexually assaulted. This common phenomenon of victim-blaming is often internalized by survivors and leads to shame, guilt, and isolation. The sexual assault group provides alternative, corrective or more accurate messages and information about sexual assault that combats the often-stigmatizing nature of sexual assault. Furthermore, the group helps participants gain insight into the appropriate placement of blame and fault for the sexual assault. Rather than blaming themselves, group members learn that the person responsible for the sexual assault was the person who intended to sexually assault them: the perpetrator. They learn that while they may have been the occasion for the assault (i.e. may have been in the right place at the right time for the perpetrator to assault them), they did not intend and are not responsible for the sexual assault happening to them. The group also provided space for group members to process the misperceptions that other people or society may have about sexual assault survivors and to not feel alone in navigating those misconceptions or potential judgements.

“It made me realize how broad assault can be” (heterosexual, Black female).

“It makes it easier to comprehend” (heterosexual, white female).

“Look at things from different perspectives” (heterosexual, Latino male).

“I was so embarrassed and ashamed of it, but my experience was not my fault, it was nothing that I did wrong, that is most important” (heterosexual, white female).
“They also understand that it is not our fault, but it is the perpetrators fault”
(heterosexual, white female).

“Yes, some girls (like I use to) blame what they were wearing, but people have reinsured them that it doesn't matter. They shouldn't have done it anyways and it's your body”
(LGBTQIA+, white female).

Overall, the results from this subtheme illustrate the ways in which participants viewed the support groups as being beneficial in providing accurate information and psychoeducation about sexual trauma.

**Theme 3: The Power of Shared Experiences**

This theme demonstrates how shared trauma is present among group members in sexual assault support groups. By the nature of the group, all group members are experiencing the phenomenon of shared trauma with their peers, given that the criterion for group admission is having experienced sexual trauma. While each group members’ experiences can vary greatly, the group as a collective has experienced the same type of trauma (i.e., sexual trauma).

“I like hearing perspectives from my peers as well, not just the instructor/ therapist”
(heterosexual, white female).

“To talk with people that experience the same thing as me and relate to them”
(heterosexual, Black male).

“Listening to stories knowing were all different but also one …in a way that makes me think I’m not alone” (heterosexual, white female).

"It shows that there are other people going through the same thing” (LGBTQIA+, white, male).
“You know you aren't alone. That there are other people going through this horrible experience” (LGBTQIA+, white female).

“I like that everyone pretty much has a similar experience and it doesn't feel so lonely” (heterosexual, white female).

When group members give voice to these shared experiences, it provides an opportunity for those experiences to be met with validation, understanding, and normalization. Participants reported that they felt validated by their peers when they shared emotions and were met with empathy and disclosure of similar experiences by their peers.

“Sexual assault support groups make me feel less alone about my situation and more validated” (heterosexual, white female).

“Them sharing more details about their experiences made me feel seen, validated, and understood” (heterosexual, white female).

“It also made me feel less alone when a lot of us were worried about how society would perceive us now that we were victims” (heterosexual, white female).

“Hearing other individuals share their own internal and mental struggles, made me feel less alone, like I was not the only one who has experienced this before” (heterosexual, white female).

Additionally, group members were able to share their experiences of how they coped with their experiences of sexual assault, and to learn coping skills from each other to better process, heal, or cope with their traumatic experiences.

“Hearing how people coped with these situations gave me a sense of empowerment to take control of my own life” (heterosexual, African American male).
Therefore, this theme sheds light on the presence of this phenomenon within the therapeutic context of sexual assault support groups. This theme extends beyond acknowledging that the phenomenon of shared trauma is present among members of these groups by additionally providing insight into its impact on group members. By participating in a sexual assault support group, group members are able to hear their peers’ experiences as they relate to sexual trauma. Participants reported that this was a particularly helpful aspect of attending the group because they are able to bear witness to the trauma processing and subsequent healing of other sexual trauma survivors. Group members receive support from their peers as they are processing and healing from their trauma, while at the same time, they are also giving support and listening to their peers process and heal from their trauma in tandem. This exchange of feedback increases the helpfulness of the group. Therefore, the group provides a unique environment in which survivors are able to be exposed to the trauma processing and healing of other sexual trauma survivors, allowing them to be inspired by others that have experienced the same traumatic experience. Being able to collectively process trauma and work towards healing as a group allows group members to be empowered and inspired by the healing of their peers which, in turn, encourages their own trauma healing and further trauma processing. It is in this way that the group can inherently provide a corrective, healing experience for group members.

“I enjoy listening to other people talk about their trauma because it is good to release every pain that holding them back” (heterosexual, African female).

“It reminds me that we all have internal struggles” (heterosexual, white female).

“Other group members sharing their emotional state and impact on self/esteem worth after the trauma made me feel less alone” (heterosexual, white female).
“It helps to learn that I am not alone. We are all going through tough times together so that is good to know” (heterosexual, Mexican male).

“Listening to other individuals’ stories, you know that you are not alone, and they are other people just like you that are struggling with a similar situation” (heterosexual, white female).

“I enjoy that I don't feel alone in these groups. While I don't wish that what happened to other participants had happened, I have found support and comfort in knowing that I am not alone” (LGBTQIA+, white female).

Overall, this theme emphasizes that one of the most powerful ways the sexual assault support group helps survivors is through bringing together group members that have experienced the same type of trauma, facilitating a collective processing of the trauma, and empowering the group as a whole to move towards healing and recovery from their shared traumatic experiences.

2. Unhelpful Aspects of Attending Sexual Assault Support Groups

Two themes were identified from the data set relating to unhelpful aspects of sexual assault support groups. The first theme highlighted ways in which the format or setup of the group did not provide a therapeutic environment that was helpful for trauma processing and healing, with subthemes to further explain the nuanced ways in which the group felt unsafe. The second theme captured the reasons participants elected not to continue attending sexual assault support groups.

**Theme 1: Group was not a safe space**

This theme highlights the ways in which the group was not helpful due to aspects of the group that were perceived as unsafe by group members. The theme explains how the lack of perceived safety reduced the helpfulness of the group. The first subtheme focuses on various
aspects of the group format that contributed to perceived lack of safety, while the second subtheme focuses on peer behavior that reduced the perceived safety of the group.

**Subtheme 1: “Group format made group not feel safe enough.”** This subtheme captures the aspects of the format or the organizational structure of the group that diminished the group’s therapeutic effect. Participants reported that certain aspects of the group setup or structure prevented participants from feeling emotionally safe in the group, which in turn, decreased the healing benefits they were able to gain from the group. One participant shared that the in-person nature of the group served to make the group feel emotionally risky. Had the group been offered virtually, the virtual nature of the group would have afforded this participant increased confidentiality which, in turn, would have increased the perceived emotional safety of the group. Another participant reported that not having a gender-specific sexual assault support group decreased their perception of the emotional safety of the group. Conversely, another participant reported that an unhelpful aspect of the group was the lack of inclusivity or diversity found in the group.

“I did not like how the other participants in group knew who I was. People talk and word gets around, they say they can’t and won’t mention anything, but someone can easily watch you walk out of the building. I would have felt more comfortable if it was anonymous, if it was over zoom and I did not have to put my camera on. I feel like I would have been more open and honest about my experiences” (heterosexual, white female).

“I don’t like the environment sometimes both males and females being in a room when I talk about sexual trauma makes me uncomfortable” (heterosexual, white female).

“I wish that these groups allowed more inclusivity” (heterosexual, white male).
“Sometimes it felt too short and not everyone got to say their peace” (LGBTQIA+, white female).

“I felt that a group like this felt a little bit forced” (LGBTQIA+, white male).

“Sometimes there was not enough time to fully express myself. At times I felt like I was cut at the knees” (heterosexual, Mexican male).

In sum, participants’ responses provided a range of responses regarding the format or organizational structure of the group that diminished the group’s therapeutic effect.

**Subtheme 2: Negative peer behavior.** This subtheme illustrates the aspects of group dynamics that hindered the potential therapeutic effect of attending these support groups. Participants reported that the presence of certain behaviors among peers or fellow group members interfered with the utility and helpfulness of the group. Some participants perceived their peers as not being attentive or not listening during group, which decreased the sense of safety in the group for participants, thereby decreasing the effectiveness of the group. Similarly, some participants wished that their peers would be more active participants in the group. While it is important for participants themselves to feel safe enough to share their experiences with the group, for some participants it was also vital that their peers share their experiences as well in order for the group to be helpful to them. Similarly, participants reported that an unhelpful aspect of attending the group was navigating inauthenticity or a lack of genuineness on the part of other group members or group leaders. Lastly, the perception of being judged by other group members also served to decrease participants’ experience of emotional safety, thereby decreasing the helpfulness of the group.

“I wish people did not give looks or make comments about going” (LGBTQIA+, white female).
“Sometimes you feel someone might judge you” (heterosexual, white female).

“Some people in these groups didn’t speak their mind and they just kind of sat there” (heterosexual, white female).

Overall, this subtheme summarizes the behaviors of peer group members that impacted the perceived safety of attending these support groups, thus hindering the therapeutic effect of attending the groups for some participants.

**Theme 2: The Group was Ineffective**

This theme sheds light into the decision-making process of group members that lead them to permanently leaving the group and not returning for future sessions. While some group members identified aspects of the group that were unhelpful, not all of them chose to stop attending groups due to the presence of those factors. However, for others, they elected to leave the group and not return. When group members experienced the group as too large, the size of the group interfered with the group’s therapeutic effect by not affording group members enough time or “space” to share their story and their experiences. Not feeling like group members had the ability to share their story or experiences led them to having the perception that they were not getting the support they needed for the group to have an effective influence on their trauma recovery and healing. Large group size impacted the therapeutic effect of the group and caused some participants to elect to walk away from the group. Other reasons participants reported leaving the group had to do with values differences between the participant and the other members and leaders of the group, not wanting to rely on others to cope with their experiences, and simply because they were not comfortable or did not like attending the group.

“I had to leave the group because it was too large and I felt like my assault wasn't as bad as everyone else” (heterosexual, Black female).
“The therapist just assumed that everyone there had the same beliefs, so I decided to step away from my group” (heterosexual, white female).

“I ended up leaving my group because I didn't see the point of it, I was young and felt it needed to be handled within myself” (heterosexual, African American male).

“I felt that a group like this felt a little bit forced and not super helpful for me personally. I honestly felt that the environment felt safe, but it was more the fact that I don't usually rely on support to solve my problems” (LGBTQIA+, white male).

“I didn’t go back because I didn’t like it” (LGBTQIA+, Hispanic female).

In summary, this theme summarizes the various factors that contributed to some participants’ perceptions of the group as unhelpful.

3. Coping with Triggers that Occur During Group

Two themes were identified from the data set relating to participants’ response to the exposure to the traumatic experiences of other group members. The first theme highlighted the ways in which the shared experience of sexual trauma among group members impacted participants’ experiences attending the groups, with subthemes to further explain the ways in which participants responded or reacted to the shared trauma. The second theme captured how participants felt about their fellow group members in response to hearing their stories and experiences.

Theme 1: The Impact of Shared Trauma Among Group Members

This theme demonstrates how shared trauma is present among group members in sexual assault support groups. By the nature of the group, all group members are experiencing the phenomenon of shared trauma with their peers, given that the criteria for being a group member is having experienced sexual trauma. While each group members’ experiences can vary greatly,
the group as a collective have experienced the same trauma. Therefore, this theme sheds light on
the presence of this phenomenon within the therapeutic context of sexual assault support groups.
This theme extends beyond acknowledging that this phenomenon shows up in the group
environment by additionally providing insight into the impact of shared trauma on group
members.

Subtheme 1: Reactions to triggers. For many participants, their exposure to the traumatic
experiences of other group members caused them to feel “triggered”. Due to having experienced
the same type of trauma as their peers, hearing other group members’ stories caused participants
to be affected by this exposure. This subtheme highlights reactions participants experienced in
response to this exposure. Participants reported experiencing distress, flashbacks, reliving their
trauma while listening to other group members’ experiences, dissociation, having an inability to
be present in the group, and fearing that they would have a “break down” or have difficulty with
emotion regulation as a result of exposure to accounts of sexual trauma from other group
members. For many participants, they had a difficult time coping with this exposure and
effectively utilizing coping skills to cope with the triggers that emerged during the group. For
some participants, their difficulty coping with triggers that result from exposure to the traumatic
experiences of others led them to consider leaving the group altogether. Additionally, some
participants found that even sharing their own stories and how their experiences of sexual trauma
have impacted them was distressing and triggering. Lastly, some participants found themselves
comparing their experiences of trauma with their peers in group, which caused them to discount
the validity of their own trauma and feel like their trauma was not as significant or severe as
others.
“I really don't like hearing the stories because I remember the feeling and feel like I'm reliving it even though I'm not. I'm very empathetic and sympathetic, and in my head, since I know the feeling, I'd feel it way too much at times. I didn't really feel like I was always fully there” (heterosexual female).

“When I hear experiences similar to my own, my heart gets super heavy and I feel a knot in the back of my throat” (heterosexual, white female).

“It did remind me of a lot of the things that made me feel uncomfortable and made me sort of relive the event in my mind during the discussion” (LGBTQIA+, white male).

“Anytime I talk about my experiences I get triggered” (heterosexual, white female).

“I left the only one I went to because it reminded me of the things that happened” (heterosexual, white male).

“One member claimed that their abuser repeatedly mentioned "the way people dress reflects how they feel about themselves." I started bawling when I heard that, I could not keep myself together. My abuser would say the same thing to me at the age of 13 right after my traumatic experience happened!” (heterosexual, white female).

“There was this day one of the girls were talking about their assault, and she got to a part of her story that triggered me. I began to have flash back, so I walked away because I started to cry. Only since I didn't want to take away from her time. this girl was had a similar part of her assault that happen to me. The guy was groping her, and she started to describe the feeling, and I feel his hands one me all over again” (LGBTQIA+, white female).

Overall, this subtheme highlights the various reactions participants experienced in response to exposure to the traumatic experiences of their fellow group members.
Subtheme 2: Positive coping techniques in response to trauma reminders. Many participants did not report being triggered when exposed to the stories of other group members, despite experiencing the same type of trauma. This subtheme illustrates that many of these participants were able to find ways to effectively cope with the triggers or the trauma reactions that they have in response to their peers’ experiences. Participants’ use of coping skills during group in response to trauma reminders allowed them to tolerate the distressing parts of group, in order to continue to benefit from the therapeutic aspects of the sexual assault support group. One of the ways in which participants coped with trauma reminders was to temporarily step out of the group to emotionally regulate and later returning to the group. Stepping out serves to afford participants the opportunity to become less overwhelmed and self-regulate before returning to the group. Their choice to return to the group after using coping skills to self-regulate affords group members the ability to get reprieve from their distress, while not requiring them to walk away from the aspects of the group that are helpful or healing. The group itself can also foster adaptive responses to trauma triggers by providing a safe, therapeutic environment to process group members’ triggering experiences.

“Just for one meeting I stepped out due to being uncomfortable, but I didn’t leave the program. I either removed myself or distracted myself until I was ready” (heterosexual, white female).

“Yeah I would say so I kind of just brushed it off and tried not to let it get the best of me” (heterosexual, white female).

“I talk about things that trigger me” (heterosexual, white male).

“I can feel it, but I just breathe and pray” (heterosexual, white female).
“My hands started to sweat, I felt a knot in my throat, and my blood started to boil. I thought for sure I was going to start crying right then and there. However, I had to remind myself that I am here now, I am not in the past and this is not happening to me still. I am the one who creates who I am” (heterosexual, white female).

“We all sat there and talked about it and let each person who feels triggered talk about what makes them happy” (heterosexual, white female).

“Some people's stories relate to mine… I close my eyes and take deep breaths” (heterosexual, Black male).

Overall, this subtheme illustrates the various strategies used by participants to effectively cope with the triggers or the trauma reactions they experienced in response to their peers’ disclosure of traumatic experiences.

**Theme 2: Empathy for fellow group members**

This theme highlights the thoughts, feelings, or reactions that participants experience toward their peers after hearing their fellow group members disclose the details and impact of their traumatic experiences. Participants reported experiencing physical or emotional reactions towards their peers when they shared their stories in group. While participants described a healing component to knowing they are not alone in their recovery from sexual trauma, participants also expressed feeling a sense of sadness that their peers have also endured and survived such painful and traumatic experiences. They also reported expressing their emotional responses by crying when offering support and listening to their peers. They expressed empathy for the emotions and experiences of their peers and reported experiencing the urge to validate those emotions and experiences. Lastly, reciprocity seemed important to participants in the sense that they wanted to reciprocate the support and understanding they receive from other group
members. To put it simply, participants felt it was important to treat their peers the way they would like to be treated in the group.

“I am a very empathetic towards others, so when some people share I will cry or show other emotions” (heterosexual, white female).

“I have been emotionally affected, meaning I'd start crying when I opened my mouth to offer support” (LGBTQIA+, white female).

“It was just sad to see her breakdown” (heterosexual, African female).

“Hearing other peoples' stories was very impactful. I felt that hearing other people's stories made me feel very empathetic and realize how many people are dealing with problems of their own. Hearing others talk about traumatic experiences made me feel a lot of empathy for the things that people struggle with and the events that impact people's daily lives” (LGBTQIA+, white male).

Overall, this theme summarizes the thoughts, feelings, or reactions that participants experience toward their peers after hearing their fellow group members disclose the details and impact of their traumatic experiences.

4. The Role of Group Facilitators in Sexual Assault Support Groups

This study aimed to determine the influence of group leaders on participants’ experiences attending sexual assault support groups. Specifically, this study sought to understand the ways in which group facilitators had an influence on cultivating a therapeutic environment in the group that facilitated the trauma processing and healing of participants. Group facilitators have an important role in the effectiveness of group therapy, particularly their training or expertise. Many participants acknowledged that their group leaders helped manage the thoughts and feelings of group members. They described the ways in which group facilitators utilized their expertise in
sexual assault, training in group dynamics or group therapy and their clinical expertise to manage the group and respond to group members as they share about their traumatic experiences. Three themes were found that describe participants’ perceptions regarding the specific ways group facilitators effectively use their training and expertise in trauma and group therapy to provide a therapeutic and healing environment for the survivors attending these sexual assault support groups.

**Theme 1: Provides structure to the group.**

This subtheme demonstrates how group leaders were able to provide and maintain structure for the group to run effectively. Structure for group therapy is important because it allows for leaders to stay within time limits while simultaneously allowing members space to speak. Structure is also used by therapists to guide and effectively facilitate discussions among group members to maximize the therapeutic benefit of the sexual assault support groups. The facilitators’ use of these skills maintain the therapeutic effect of the group by making sure that time is not monopolized by one or a few group members, time is being used effectively, discussion content is in alignment with the group’s identified goals or topic (i.e. processing sexual assault), and ensures that those goals are able to be met within the time constraints of the group. When this structure is not provided by the group leaders, it can compromise the effectiveness of the group. For example, one of the reasons that participants gave for the support group not being helpful in their trauma recovery was that they were not able to share their story or get the support they needed from the group. This is more likely to occur when the group leaders are not providing structure or effectively managing group discussion.

“They do seem to know how to guide the conversation” (heterosexual, white female).
“It's more like they organized and validated our feelings it was more of a space for us to express and grow from our situations” (heterosexual, African American male).

“They seemed like they could keep everyone together” (heterosexual, Black female).

In summary, this subtheme illustrates the various ways in which group leaders were able to provide and maintain structure for the group.

**Theme 2: Facilitates learning of group members**

This subtheme illustrates how group leaders facilitated the learning of group members. The group facilitators used their training and knowledge to educate group members by providing education on sexual assault and normalizing reactions to trauma, providing group members with the opportunity to internalize that information. This leads to increased insight for group members about their individual experiences of sexual assault in addition to allowing them to learn broadly about sexual assault. Since facilitators are knowledgeable about the phenomena of sexual assault and sexual trauma, they also offer interpretations of group members’ thoughts, feelings, conversations, and experiences shared in group to allow for more introspection and deeper learning amongst group members. They create a space that encourages group members to express their emotions and support group members’ learning and growth as they are processing their trauma. Furthermore, their interpretations also allow group members to find similarities or commonalities despite individual differences in their experiences of sexual assault. Group leaders use their training and education to make connections among the group members’ thoughts, feelings, and experiences which can deepen group members’ understanding of themselves, their peers, and of sexual assault more broadly. Group leaders provide adaptive perspectives about sexual assault, which is particularly helpful as group members are learning
how to navigate the impact of sexual assault and how to cope effectively as they move forward with their lives.

“They do seem how to make you dig deeper” (heterosexual, white female).

“Every time anyone would speak, it seems like the group's leader always has a connection” (heterosexual, white female).

“My group leader gives reason to why we may be feeling this way” (heterosexual, white female).

“They jump in right away with questions or words of wisdom” (heterosexual, white female).

“Group leaders tend to be able to sympathize with members and articulate feelings and interpretations that the group would benefit from” (LGBTQIA+, white female).

This subtheme highlights the various ways in which the group leaders utilized their training and expertise that contributed to group members gaining valuable information from attending the group.

**Theme 3: Provided supportive therapeutic environment**

This subtheme highlights how group leaders were helpful by utilizing their skills and training to provide a safe and supportive therapeutic environment. The group leaders used clinical skills to provide emotional support and reassurance to group members. The group leaders were attuned with group members’ feelings, allowing them to empathize and validate group members’ emotions. In essence, group leaders use their clinical skills to allow group members to feel heard and to experience emotional validation, not only from their peers but from the group facilitators as well. The use of clinical skills plays a vital role in the therapeutic process and is essential for creating a safe, supportive therapeutic environment for group members. Creating a
supportive therapeutic environment allows group members to have the perception that group is emotionally safe for them, allowing them to share their experiences, listen to others, and ultimately experience the benefits of attending a support group for sexual assault.

“I feel like they tend to validate their feelings and help them out in that way”
(heterosexual, white female).

“Group leaders are always understanding and try to be positive as much as they can”
(heterosexual, Mexican male).

“The group leaders handled the discussions super well. Their ability to empathize with everyone and make the members feel comfortable was excellent” (LGBTQIA+, white male).

In sum, this subtheme describes how group leaders were helpful by utilizing their skills and training to provide a safe and supportive therapeutic environment.

5. Advice for Peer Survivors

The final aim of this study was to empower participants to share their expertise on their lived experiences to provide advice and suggestions for other sexual assault survivors. Specifically, this study aimed to identify the advice participants wanted to give to fellow sexual assault survivors who are attending sexual assault support groups or may be considering attending such a group as a treatment option for their trauma processing and recovery.

Theme 1: Advice about the Group Experience

This theme is about the general group experience. There were three notable subthemes under this broader category: be open to learning from the group, utilizing the group as a resource, and building social connections. Participants generally agreed that the group setting, although perhaps not always perfect, provided a healing environment. Several people who mentioned
leaving or thinking about leaving the group still admitted that it did have positive aspects. There was only one person who suggested not going to group therapy, and instead encouraged others to seek individual counseling.

**Subtheme 1: Be open to learning from the group.** The main point of this subtheme is the importance of being open to learning from the group members. One common concept brought up was learning from your peers’ stories and being open to sharing your own.

“Be open and honest and you will receive a lot of help” (LGBTQIA+, white female).

“Be active although it's a struggle to speak about what happened it helps” (heterosexual, African American male).

“Listen to others and their stories” (heterosexual, Latino male).

Another concept included the reminder that you may be triggered and that is okay. It is all right to be hurt by your trauma and, at the same time, it is acceptable to learn to heal from it. An individual can learn about triggers they may not have expected within a safe place, and they can learn from the different methods their peers draw upon to cope with these triggers during group and in daily life. In essence, the group provides an opportunity for identifying one’s triggers and learning to cope or manage those triggers, which can then be externalized from the group experience and applied to one’s daily life. A participant pointed out that you should apply what you learned in the group to your life. A broad statement encapsulating not just the triggers and methods of dealing with them, but also the validation of trauma and the reassurance of not being lesser for it.

“Going in with an open mind that it will help and benefit you creates a more positive environment for yourself” (LGBTQIA+, white female).
“Be patient and let yourself express. Don't bottle up, say what your feeling. It helps you and can help others” (heterosexual, white female).

“Take notes. Practice what you learn outside of the group” (heterosexual, white female).

“Make sure to keep note of your triggers and a few coping mechanisms that could potentially work for you!” (heterosexual, white female).

“Participate and give feedback to others, but don’t feel bad if you have to remove or distract yourself for a moment” (heterosexual, white female).

In summary, this subtheme highlights participants’ emphasis on the importance of embodying a willingness to be open to learning from the group members and group leaders in order to maximize the benefits of attending the support groups.

**Subtheme 2: Utilizing the group as a resource.** Given the isolating nature of sexual assault, and the tendency for survivors to internalize messages of victim blaming and rape culture, it is understandable that survivors would have fears and hesitancies about opening up or sharing their experiences. In this subtheme, participants are advocating to their peer survivors to engage in the group process and to give the group the opportunity to play a role in one’s healing and recovery process. This subtheme is about participants encouraging their peers to make the most out of the group experience and to be present when attending group to maximize the benefits. One participant succinctly stated, “you get out what you put in,” which emphasizes the importance of participation within the group to maximize the benefit of attending such groups. One important point brought up is that it is okay, and even necessary, to be patient with yourself as you get comfortable in the group. Furthermore, a common piece of advice was to continue attending the group, despite any initial misgivings or reactions.

“You get out what you put in. Be present in group” (heterosexual, white female).
“Continue to go and participate” (heterosexual female).

“Take your time each meeting and ease your way into talking about and when you’re comfortable” (heterosexual, African American male).

“I would say come with an open mind and don't be afraid to share” (heterosexual, Black male).

“You do not need to share the first meeting or even the 4th. Wait until you are comfortable, and you feel ready to talk about your experience. Share everything that you feel comfortable sharing” (heterosexual, white female).

Overall, this subtheme illustrates participants’ emphasis on the importance of utilizing the group as resource to assist with trauma recovery and healing.

**Subtheme 3: Receiving Support and Fostering Connection** The final subtheme is about the benefits of receiving support and building connections with the peers in the group. In this subtheme, participants frequently stressed the importance of sharing your story and listening to others. One participant summed up another important point when they wrote “allow yourself to accept support from the group.” For many people, accepting help from others can be a challenging task or can be perceived as emotionally vulnerable or risky; yet it can be an important step in the healing process. The fear of being judged was repeated by participants, even within a group of fellow survivors, and participants advised other survivors attending these groups to not let this fear remain a barrier to their own healing. Another important point was the idea of reciprocal support. Participants stressed the importance of giving feedback and advice to others while simultaneously sharing one’s own story and having a willingness to accept support from the group. The acceptance of support from group members laid the foundation for which participants were able to experience connection with their peers in the group. Building these
connections within the group can provide an alternate, healing experience that contrasts with the isolation and alienation one can feel in the aftermath of sexual trauma, which underscores participants’ emphasis on the importance of connection among group members.

“To try and meet new people and learn from their experiences” (LGBTQIA+, white, male).

“Trust the people around you, do not be scared to share” (heterosexual, white female).

“Do not be afraid of judgement” (heterosexual, Mexican male).

“Everyone is going through something and you do not know what could really be going on, so give them support” (heterosexual, white female).

“Everyone has gone through something similar, make the most out of the people here” (heterosexual, white female).

“We have all been through things and we can help each other to do it” (heterosexual, Black male).

In summary, this subtheme demonstrates participants’ perceptions of the benefits of being receptive to support and building connections with peer group members.

**Theme 2: The Importance of Validating Your Trauma**

This theme is about the importance of validating the trauma, and how accepting that the trauma occurred is a necessary part of healing from it. In essence, this theme is about participants advising other survivors to not discount their trauma, while at the same time, give themselves permission to heal and begin to move forward with their lives after the sexual assault. Several participants wrote about the importance of not turning the trauma into a competition, and not invalidating one’s own trauma through comparing one’s experience to others’ disclosure of their experiences of sexual assault. Another common thread within this theme was that the trauma
should not define the individual. Conversely, another important part of healing from the trauma is accepting the ways in which it has impacted you and giving yourself permission to acknowledge and process the ways in which the trauma has impacted you. Along with acknowledging the trauma, participants advised other survivors to validate their trauma by reminding themselves that they are not broken or damaged because of what they went through and continuing to reassure themselves that the event was not their fault.

“Don't let life beat you down and always remember everyone has a purpose on this earth and life must go on” (heterosexual, African female).

“Don't compare what happened to you with what happened to everyone else. It's not a competition its trauma” (heterosexual, Black female).

“It is okay to still be hurt by what has happened to you, and you are not less of a person because of it. Don't let it define you” (heterosexual, white female).

“You are not alone. this is not your fault, you did nothing for this to happen” (heterosexual, white female).

“I believe you, the assault was not your fault, help is available, you’re are not alone” (heterosexual, African American female).

Overall, this subtheme highlights participants’ emphasis on the importance of being able to validate one’s experiences of sexual trauma, and how this validation plays a crucial role in trauma healing and recovery.
Chapter Six: Discussion

To date, little attention has been devoted to understanding the experiences of sexual assault survivors seeking support from one another over the shared experience of sexual trauma. Furthermore, the concepts of vicarious traumatization and shared trauma have yet to be explicitly explored in sexual assault research as it pertains to relationships between survivors of sexual trauma. The present study makes a unique contribution to the literature by being one of the first studies to examine the buffering and supportive effects of social support between sexual assault survivors, as well as the potential negative effects of vicarious traumatization and shared trauma within a group therapeutic context by analyzing the experiences of sexual assault survivors that have engaged in sexual assault support groups.

The five research questions in this study were: (1) What are the aspects of sexual assault support groups that are healing or helpful to survivors? (2) What are the aspects of sexual assault support groups that were unhelpful or contributed to survivors deciding to discontinue attending the group? (3) How are survivors affected by the exposure to other group members’ disclosure of their sexual assault experiences? Are they impacted by the shared trauma that is present amongst group members? (4) What is the role of the therapists or group facilitators in sexual assault support groups? (5) What advice would survivors give to other survivors attending or considering attending a sexual assault support group?

To this aim, twelve themes were identified across the dataset to give voice to the experiences of these survivors engaging in sexual assault support groups. Three themes were identified to assess the buffering or positive effects for survivors engaging in sexual assault support groups. Two themes captured the experiences of survivors that found aspects of attending sexual assault groups to be unsafe, ineffective, or unhelpful. Two themes addressed the
impact of vicarious traumatization and shared trauma experienced by survivors as they were exposed to the disclosure of other survivors’ experiences of sexual trauma in the group. Three themes focused on the influence of group facilitators on survivors’ experiences attending sexual assault support groups. Lastly, two themes were identified to give voice to survivors’ knowledge gained from their experiences and subsequent advice for fellow survivors that are attending or are interested in attending sexual assault support groups.

With regard to the first research question, helpful aspects of attending sexual assault support groups, a majority of participants in this study reported that the sexual assault support provided a safe therapeutic environment in which they were able to gain positive support. The groups were seen as a safe, supportive, non-judgmental and destigmatizing environment that allowed open and honest expression of thoughts and feelings related to traumatic experiences. The groups provided the space and permission for survivors to share their stories of their sexual assault experiences, process the impact of the trauma, and give voice to the aspects of sexual assault that survivors have difficulty discussing within their social support network and interpersonal relationships outside of the group. The safety and trust established within the group provided a foundation that enabled trauma processing and healing. Findings from this study related to the role of group facilitators suggests that group leaders of sexual assault support groups play an important role in facilitating this experience within the group. Moreover, results from this study found that when survivors did not have the perception that the group was safe, it hindered their ability to experience the therapeutic effects of attending these groups.

These findings add to the consensus of the literature emphasizing the importance of having positive social supports available to survivors following sexual trauma (Dworkin, et al., 2018). It also supports existing literature that suggests community-based interventions, such as
group psychotherapy, can increase the availability of much needed social support (Wagner, et al., 2016) for survivors in the aftermath of sexual trauma, particularly because sexual assault support groups can provide a safe environment that enables survivors to gain support that may not otherwise exist in their social support networks (Herman, 2015).

In addition to providing an environment in which survivors receive support, participants in this study valued the educational components of the group and the insights gained as a result of attending the group. Participants in this study viewed the group as playing a crucial role in dismantling and combating societal scripts, common myths, and misconceptions related to sexual assault. Presently, harmful cultural scripts about sexual assault victims persist despite the social justice and human rights movements over the past few decades dedicated to disseminating accurate information about sexual assault and increasing awareness of the prevalence and devastating effects of sexual trauma. These cultural scripts often enable sexual abuse to continue by blaming the victim of the sexual abuse while simultaneously invalidating sexual assault victims by denying the validity of their experiences. These scripts are often internalized by survivors and exacerbates the shame, guilt, and isolation that is already experienced by survivors as a direct result of the traumatic experience. Participants in this study experienced the group as providing an alternative, corrective, or healing experience by providing accurate messages and information that destigmatizes sexual trauma and combats these harmful cultural scripts. Furthermore, the group helped participants gain insight into the appropriate placement of blame and fault for the sexual assault. Rather than blaming themselves, the survivors surveyed in this study learned that the true person responsible for the sexual assault was the person who intended to sexually assault them: the perpetrator. They learned that while they may have been chosen by the perpetrator to be the victim of the sexual trauma, it was not their intention to be assaulted nor
are they responsible for the sexual assault happening to them. Participants perceived the group as providing a community where they were supported in challenging the stigmatizing messages and misconceptions held by other people in their lives or society at large.

The findings from this study provide supporting evidence to previous studies suggesting that reducing shame, stigma, and self-blame can occur from the sharing and validation of common experiences within the group (Chivers-Wilson, 2006; Menon et al., 2020; Schwartse et al., 2019; Yalom & Leszcz, 2005). Furthermore, these results are consistent with previous literature suggesting that survivors learn to challenge maladaptive beliefs about themselves and their trauma within the group (Mendelsohn, 2007). These findings support the notion that group members can play a valuable role in challenging statements of internalized self-blame shared by survivors in the group (Mendelsohn, et al., 2007). It also extends this understanding by suggesting that the collective experience of sexual trauma allows group members to be able to identify these thoughts when expressed by their peers and may also encourage the receptiveness of this feedback from other survivors.

In these groups, survivors were exposed to fellow survivors’ disclosures of their experiences related to the impact of trauma, as well as the struggles and successes of trauma recovery. This provided survivors with the opportunity to bear witness and relate to other survivors’ experiences of trauma processing and healing. Moreover, survivors engaged in a reciprocal exchange of support that created a shared experience of trauma processing and a collective healing as group. Participants reported that the shared experiences among group members were beneficial in normalizing the detrimental impacts of sexual abuse and the struggles associated with trauma processing. They also noted that it combated the sense of isolation, loneliness, and shame; all of which are common reactions to sexual abuse. These
findings provide evidence supporting previous studies asserting that group therapy for sexual assault provides opportunities to foster healthy social connection, thus reducing the isolation caused by trauma (Menon et al., 2020) and can provide an environment to safely challenge rape myths, reduce self-blame, and encourage posttraumatic growth (Heard & Walsh, 2021).

Notably, of the participants in this study that reported they elected to leave the group and not return for future sessions, almost all identified some aspect of the group as beneficial to them. The majority of these participants reported benefitting from the collective shared experiences amongst group members. These findings are consistent with previous studies reporting that survivors benefit from telling their stories to other survivors and listening to their experiences as well (Saha, et al., 2013). Furthermore, the current literature on group therapy for trauma argues that the group is a powerful resource for eradicating feelings of isolation, shame, and stigma of abuse (Herman, 2015). While the findings of this study are consistent with this notion, the current study adds to the discourse by suggesting that the presence of shared trauma amongst group members may play a critical role in the ability of support groups to normalize survivors’ experiences and effectively decrease survivors’ feelings of shame, stigma, and isolation. These findings also suggest that the presence of shared trauma creates the sense of shared or common experiences amongst sexual assault survivors in these groups, and that explicitly giving voice to these collective experiences within the group provides an environment that is conducive for fostering relationships and connection amongst sexual assault survivors.

With regard to the second research question, unhelpful or ineffective aspects of attending sexual assault groups, participants identified the group environment and peer behavior as contributing factors to participants’ experiences of the group as unhelpful or ineffective. When support groups are too large in size, it can compromise the safety of the group by limiting or
preventing group members from having enough time during the group to share and process their experiences. The large group size jeopardized the sense of safety within the group for some participants, which in turn, negatively impacted their sense of emotional safety within the group, causing some individuals to not return to the group. These findings support the notion that smaller groups may be more effective for building group cohesion, trust, and rapport amongst group members (Bicanic et al., 2014; Mulkey, 2004; Murray et al., 2017; Perl et al., 1985; VanDeusen & Carr, 2005). Additionally, if participants had experiences in the group where they perceived their peers to be behaving in a negative manner, their sense of emotional safety within the group was diminished, which also played a role in some individuals choosing to not attend future sessions of the group. These findings advocate for group facilitators to consider these potential barriers to emotional safety when making decisions regarding group format, structure, and group size. These findings also advocate for group facilitators to carefully consider group norms and expectations and the communication of those norms and expectations to group members. This is necessary in order to diminish negative behavior within the group that compromises the emotional safety and healing components of the support group. This is consistent with best practices for group psychotherapy for sexual trauma, which recommends that group facilitators establish guidelines for the safety and respect of participants at the beginning of each new group, and that behavioral expectations of group members are clearly defined at the outset of the group (Baird & Alaggia, 2019; Toseland & Rivas, 2017).

The third research question explored vicarious traumatization and the negative impacts of shared trauma amongst survivors engaging in sexual assault support groups. The results of this research question is one of the most important findings of this study. While the present study identified supportive, buffering effects related to the presence of shared trauma amongst
survivors in sexual assault groups, this study found that shared trauma does not have an exclusively positive impact. Many participants reported being negatively affected to some extent by their exposure to the disclosures of fellow survivors in the group. The exposure to the traumatic experiences of other group members served as a reminder of survivors’ own traumatic experiences, due to the shared experience of sexual trauma amongst members of the group. The negative reactions in response to this exposure involved feelings of distress, flashbacks, reliving their own traumatic experiences, dissociation, an inability to be present in the group, and fearing that they would have difficulty with regulating their emotional reactions after being exposed to the accounts of traumatic experiences of other group members. These reactions confirm previous literature on response to trauma reminders or triggers (Courtois & Ford, 2013; van der Kolk, 2005, van der Kolk, 2006, van der Kolk, 2014). Some participants expressed a difficulty with effectively coping with the negative impacts of shared trauma and shared experiences that emerged within the group. Amongst these participants, this difficulty led some participants to consider leaving or ultimately deciding to leave the group. Another potentially negative impact of this exposure is tendency for some survivors to maladaptively compare their traumatic experiences to other survivors in the group. Consistent with previous literature (Barrera et al., 2013; Resick & Schnicke, 1993), some participants in this study found themselves discounting the validity of their own traumatic experiences and felt that their trauma was not as significant or severe as other survivors in the group.

These findings suggest survivors may be negatively impacted when the shared trauma amongst survivors in sexual assault groups is made explicit through the disclosure of survivors shared traumatic experiences. This study is one of the first to date to specifically explore the ways in which survivors are negatively impacted by the shared trauma that exists amongst group
members within sexual assault support groups. As such, this study provides a major contribution to the current discourse on the relationships among sexual assault survivors and to the current research on group psychotherapy for sexual assault survivors.

Previous literature suggests that individuals can experience vicarious traumatization, the secondary traumatic effects resulting from secondary exposure to traumatic experiences, in addition to experiencing the effects of shared trauma when exposed to the traumatic experiences of others that are similar to their own trauma history (Branson, 2018; Tosone, et al., 2012). Survivors attending sexual assault support groups experience secondary exposure to the traumatic experiences of other group members, and thus, may have the potential to experience vicarious traumatization in addition to experiencing potentially negative effects of shared trauma. By being exposed in the group to other survivors’ disclosures of their traumatic experiences, it is possible that participants in this study experienced secondary traumatic effects in response to group members’ disclosure of their traumatic experiences that is separate and distinct from any negative reactions to the shared trauma amongst group members. This study is one of the first to explore the potential presence of vicarious traumatization and shared trauma within sexual assault support groups.

In this study, 11 of the 29 participants reported being triggered to some extent while attending their sexual assault support group. For 7 of these 11 participants, they mentioned being triggered prior to answering questions specifically about vicarious traumatization and triggers on the survey. In particular, most of these participants brought up triggers when being asked if they have ever considered leaving their sexual assault support group. This pattern in the data suggests that triggers may be a major contributing factor to survivors’ decisions to stop attending sexual assault support groups.
Conversely, over half of the participants that reported having negative reactions in response to the disclosures of other survivors did not elect to leave the group despite these negative reactions. This is likely due to the ability of many participants to effectively cope with the triggering aspects of shared traumatic experiences amongst group members. For these participants, they were able to effectively utilize skills during the group to cope with the distressing and triggering aspects of exposure to traumatic experiences of other sexual assault survivors. The effective use of these coping skills allowed participants to continue experiencing the supportive and healing aspects of attending the group despite having negative reactions at times when attending the group. This finding suggests that having adequate coping skills may allow sexual assault survivors to effectively manage their negative reactions to the shared experiences of sexual trauma amongst group members, allowing them to continue experiencing the therapeutic and supportive effects associated with the shared trauma amongst survivors in sexual assault support groups.

Results from the fourth research question of this study, the role of group facilitators, emphasized the importance of group facilitators utilizing their knowledge and expertise to provide education to survivors attending sexual assault support groups. The psychoeducation provided by group leaders coupled with group members’ sharing of knowledge gained from their own recovery and healing afforded sexual assault survivors two important, yet distinct opportunities: (1) the opportunity for enriching and deepening their understanding of their own traumatic experiences, and (2) the expansion of their knowledge of sexual assault more broadly. Survivors gained knowledge as a result of exposure to other group members’ experiences of coping with and healing from the same type of trauma and could apply the knowledge gained
from that exposure to their own individual experiences. Survivors were also able to learn coping skills from each other in the group that could be generalized to their lives beyond the group. This is consistent with previous literature that suggests that the group allows survivors to learn new ways of thinking about and understanding their traumatic experiences (Herman, 2015), helps survivors gain insight into the resiliency of themselves and their peers (Herman, 2015), and utilizes the strengths of each group member to develop shared coping skills and resources amongst group members (Mendelsohn, et al., 2007). Results from this study suggest that group facilitators play a crucial role in some of the major benefits of attending these groups.

With regard to the fifth research question, participants’ advice to other survivors, many survivors that participated in this study perceived the sexual assault support groups as a potential antidote for the often isolating and stigmatizing experience of sexual trauma based by providing them with an environment in which facilitated the building of relationships, connection, and community with fellow sexual assault survivors. This study extends the current discourse on shared trauma by not only illuminating the existence of shared trauma among trauma survivors in group therapy, it also examined the supportive or buffering effects of shared trauma on survivors attending sexual assault support groups. Participants reported that a particularly helpful aspect of attending the group was connection and sense of community that emerged from the shared lived experiences amongst group members. Since sexual trauma is interpersonal in nature, it is unsurprising that participants attributed the relational aspects of the group (i.e. developing connections and relationships with others whom experienced sexual trauma) to its therapeutic effect. Another interesting finding related to this research question was that almost all participants that reported negative experiences when attending sexual assault survivor support groups still encouraged other survivors to be willing to attend the group and be open to the
potential therapeutic benefits offered by the group. This underscores that even when survivors experience negative experiences related to shared trauma and vicarious traumatization in the group, they are still able to identify and acknowledge the beneficial aspects of sexual assault support groups.

Limitations

This study has some limitations which are important to take into account when considering the generalizability of the findings. There were several limitations related to the methodology that was chosen for this study. While the use of an online survey likely increased survivors’ motivations to participate in this study, the cost of this method is that it did not produce responses that had significant depth or detail. Researchers were also unable to interact with participants to encourage more in-depth responses or to clarify any confusing or unclear responses. Additionally, this study would have benefitted from providing more explicit instructions on the survey that encouraged greater length of responses, as well as phrasing questions in a manner that prevented “yes/no” responses and encouraged elaboration of participants’ viewpoint or experiences.

While some diverse identities were represented in this sample, the sample size lacked adequate diversity when considering the demographics of sexual assault survivors. For example, all participants in this study were college students, therefore having at least a high school education, and were predominately white, heterosexual, female, and able-bodied. Although the exact demographic data of survivors that have attended sexual assault support groups is unknown, the prevalence of sexual trauma across demographic characteristics suggests the potential likelihood of a diverse range of intersectional identities among survivors engaging in
sexual assault support groups. Therefore, the demographic characteristics of the sexual assault survivors who elected to participate in this study may not be reflective of the overall population.

Clinical Implications

The overall findings from this study suggest that survivors attending sexual assault groups can experience negative reactions when exposed to the experiences of other survivors in the group, in addition to the supportive, therapeutic effects that result from the presence of shared trauma amongst group members. While many participants reported only positive benefits of attending the group, many others reported experiencing both positive and negative effects of attending the group. These results suggest that these processes are not mutually exclusive and can occur simultaneously. This current study is the first of its kind to simultaneously explore both the painful and healing aspects of relationships among sexual assault survivors within sexual assault support groups and offers several implications for the clinical practice of group therapy for sexual assault survivors.

This study provides evidence to suggest that the relationships developed between survivors in sexual assault support groups have the potential to play a powerful and positive role in survivors’ trauma recovery and healing. These results have direct implications for clinical practice by advocating for and supporting the use of group psychotherapy as a treatment option for individuals who have experienced sexual trauma. Moreover, this study supports the notion that sexual assault support groups provide a unique environment in which survivors are able to develop healthy, supportive connections with other survivors of sexual trauma. Such relationships may not otherwise be available in a survivor’s social support network (Herman, 2015; Menon et al., 2020). Additionally, the support offered between survivors with a shared experience of sexual trauma may be a particularly strong source of social support for survivors.
and can be healing in ways that are distinct and different from the support survivors are able to receive from others in their social support network without a history of sexual trauma.

In order for survivors to experience the benefit of developing relationships with other survivors within sexual assault support groups, it is imperative that survivors have developed effective coping skills to manage the distress and negative aspects that can emerge from developing these relationships and the exposure to accounts of traumatic experiences that are similar to their own trauma. This has direct implications for sexual assault support groups. Group facilitators should incorporate an assessment of coping skills and distress tolerance into their group prescreening procedures. If it is determined that a survivor does not yet have adequate coping skills to join the group, this should be a focus of individual psychotherapy or pretreatment sessions to prepare the survivor with the skills needed to experience therapeutic benefit in attending the group. This should not serve to exclude survivors permanently from engaging in sexual assault support groups, and survivors should be permitted to join the group once such skills are obtained. This aligns with best practices for group psychotherapy for sexual assault, which strongly encourages group facilitators to thoroughly assess survivors’ therapeutic readiness, ability to cope, and willingness to participate in group therapy before admitting them to the group (Heard & Walsh, 2021). Furthermore, it is recommended that group facilitators provide psychoeducation on trauma and triggers at the outset of group to prepare group members for the possibility of vicarious traumatization, and to provide trauma-related coping techniques at the outset of the program before delving into potentially upsetting or triggering group content and discussions (Baird & Alaggia, 2021; Gatz et al., 2007). Group facilitators should also establish and communicate clear group norms and expectations around the extent with which group members are permitted or encouraged to share about their sexual trauma. It should be
communicated that sharing one’s experiences during the group is voluntary, not required, and guidelines on inappropriate or excessive sharing should also be discussed. Furthermore, it is the responsibility of the group facilitators to ensure that these norms and expectations are being upheld and respected by group members and to intervene, if necessary. While it is important to teach survivors they can handle triggers and trauma reminders within the group, maintaining the emotional safety of the group environment is of the utmost importance.

As previously stated, it is important for sexual assault survivors and group facilitators of sexual assault support groups to understand the potential that exists within the support group to learn to manage distress and trauma-related triggers. Survivors have the opportunity to be “triggered” in a safe, supportive, environment and can process these experiences within the group. Through these experiences, they can learn that they are strong enough to tolerate trauma-related reminders, and that they are able to tolerate the negative aspects of shared trauma amongst group members and that they can benefit from the healing aspects that shared trauma can bring to the group despite experiencing these negative reactions. Survivors have the opportunity to take these experiences learned in group and apply them to their lives outside of the group context. Thus, group members and group facilitators should remember that the presence of negative reactions and “triggering” experiences are not necessarily “bad” or something to be avoided, but rather to be worked through, managed, and learned from. Group facilitators should ensure that survivors are able to adequately processes these experiences and learn from them in the group, in order for these experiences to be helpful or healing.

The overwhelming majority of participants in this study attended only 1 to 3 group meetings, and all of them identified therapeutic benefits to attending the group. Conversely, many of the participants in this study that elected not to continue attending the group did so after
only attending 1 to 3 group meetings. It has been suggested that survivors often experience an initial increase in distress at the outset of group, but most survivors find that they soon benefit from the shared experiences among group members after attending these groups (Herman, 2015). Survivors are unable to discover the benefit of the shared experiences amongst survivors within these groups if they do not return to the group after experiencing initial distress. Survivors who are considering engaging in sexual assault support groups should be educated and adequately informed by group facilitators to normalize their experience of initial distress and to encourage them to continue returning to the group despite this initial distress. Consistent with recommendations in previous literature (Baird & Allegia, 2021), group facilitators should also aim to establish safety and encourage positive connections amongst group members as soon as possible to increase the likelihood that survivors will continue attending the group and have the opportunity to receive maximum benefit. Group facilitators also have the responsibility of identifying and reducing potential triggers (Bulanda & Byro Johnson, 2016) or assist group members in working through the triggering experience, in order to create and maintain a safe and healing group environment that encourages continued group attendance. Additionally, some participants in this study did not return to the group due to the behavior of other group members. Group facilitators should collaborate with group members to determine rules, norms, and behavioral expectations for the group to ensure that the group is perceived as a safe environment and to reduce group members experiences of feeling judged or criticized. Creating a non-judgmental environment is vital for establishing emotional safety (Bulanda & Byro Johnson, 2016), and may help to reduce attrition.
Future Directions

The findings of this study provide useful avenues for future research to more thoroughly capture the experiences of sexual assault survivors engaging in sexual assault support groups. To this aim, future research should either largely increase the amount of information collected on the qualitative surveys used, or qualitative interviews for data collection should be used instead in order to gain a more detailed, nuanced account of survivors’ perspectives and experiences. The use of such methods for data collection are likely essential to further strengthen the current literature on this topic. Future surveys or interviews would also benefit from including a variety of additional information.

First, this study did not collect information about when survivors engaged in these groups or on the timeframe between when survivors experienced sexual abuse and when they began attending sexual assault support groups. Collecting this data in the future will provide useful information for further understanding participants’ experiences in sexual assault support groups. For example, this information can provide potential explanations as to why certain participants in this study were able to tolerate trauma-related reminders and the potential negative impacts related to shared trauma amongst group members, while other participants could not tolerate or cope with these phenomena in the group.

Furthermore, this study did not collect data regarding the presence of post-traumatic stress symptoms among participants, nor did it assess participants for a diagnosis of post-traumatic stress disorder. While assessing participants for PTSD symptoms was outside the scope of this study, PTSD symptoms have been found to increase maladaptive coping and negatively impact engagement with social supports (Ullman & Relyea, 2016). Thus, collecting this information from participants in future research will provide insight into the effect of PTSD
symptoms on survivors’ experiences in the group and the extent to which they benefit from developing relationships with other sexual assault survivors in the group.

To reduce the time burden for participants, limited information was collected during this study regarding the structure and format of the support groups participants attended, or the extent to which the group was supportive, process-oriented, or driven by a protocol or manual. Group norms and rules related to disclosure, confidentiality, respect, trust, and the management of interpersonal dynamics between group members are likely to vary across sexual assault support groups and will have important implications for the experiences of group members. Collecting this information in future research will be helpful to further determine the underlying mechanisms that contribute to the therapeutic benefit of sexual assault support groups for survivors or lack thereof. Future studies should ensure that the chosen method of data collection allows for researchers to gain information regarding when survivors attended these groups, the timeframe between when survivors experienced sexual abuse and when they began attending the groups, the presence and severity of PTSD symptoms, and the norms and rules of the groups related to disclosure, confidentiality, respect, trust, and the management of interpersonal dynamics between group members, as this information will provide valuable insight regarding the experiences of survivors in sexual assault support groups.

Future studies would also benefit from further exploring how group members attending sexual assault support groups initiate, cultivate, develop, and maintain interpersonal connections with their peer group members, both during and outside of group sessions. While the results from this current study did not provide detailed information on how these relationships are built and fostered, having this information would provide further insight into the underlying mechanisms that contribute to the therapeutic effect of survivors developing social connection and
interpersonal relationships with other survivors that they meet in the sexual assault support group.

Group facilitators wishing to have feedback from group members regarding their group program may benefit from utilizing optional surveys or interviews that group members can participate in after a group session concludes that contains questions related to the research questions identified in this study. Using this research study as a guide for on-going program evaluation has the potential to provide important information to group facilitators regarding the nuanced ways in which the support groups within their program or agency are facilitating the recovery and healing of survivors attending their group program. It can also provide insight into any barriers to healing or recovery that may be experiences by survivors attending the groups, as well as ways the group program can be changed or modified to better support group members in managing triggers and increase the healing effects of the sexual assault support group.

Feelings of guilt, shame, or blame, and negative alterations in beliefs about oneself, others and the world are prominent symptoms of PTSD. Many participants in this study reported that building relationships with other sexual assault survivors and attending sexual assault support groups resulted in changes to their perceptions about the trauma as well as their feelings of guilt, blame, and shame. The extent to which sexual assault support groups reduce these and other PTSD symptomology amongst group members, and the mechanisms that may attribute to these reductions were outside the scope of this currently study. However, the findings from this study warrant further exploration regarding the extent to which the insight gained from attending sexual assault support groups leads to the potential modification or reduction of these PTSD symptoms for sexual assault survivors.
Another focal point of future research should be the exploration of possible explanations for the differences in experiences amongst participants in their ability to tolerate and cope with the negative aspects of shared trauma amongst survivors in sexual assault support groups. Exploring these discrepancies is essential for expanding the knowledge in the field regarding who would benefit from attending sexual assault support groups, when the relationships between survivors in sexual assault support groups are the most likely to be effective and healing, and what the underlying variables are that contribute to the demonstrated healing effect.
Chapter 7: Post-Results Reflexivity

As a clinician who often utilizes group psychotherapy in my clinical practice, I appreciated, yet was unsurprised by the emphasis that participants placed on the power of shared experiences and having the opportunity to talk about their experiences of sexual assault in an environment that provides community and connection with other survivors. To me, the ability for group therapy to produce these exact experiences are what I believe makes group psychotherapy so effective and able to provide benefits that differ from what is offered by individual psychotherapy. One of the most rewarding aspects for me as a group psychotherapist is having the opportunity to bear witness to group members provide empathy and support to one another, share knowledge and skills they have learned with each other, and to witness the group create a sense of collective healing for all members of the group.

Similarly, due to my clinical experience in group psychotherapy, the finding that the group provided an opportunity for group members to challenge feelings of shame, cognitions and beliefs related to stigma, and to reduce perceptions of self-blame was unsurprising. While survivors often can achieve these same benefits in individual psychotherapy, I find it fascinating to observe the credibility group members give to their peers, and the positive impact their supportive sentiments and feedback have on each other. In my experience, the group can inherently provide opportunities for survivors to build evidence that challenges internalized stigma and feelings of self-blame or shame that often emerges after sexual trauma. Furthermore, I have witnessed group members have the opportunity to observe their own compassion, empathy, support, and perceptions of other survivors in the group, notice any differences in the narratives or stories they are telling about themselves and their trauma, and then learn to internalize the same compassion, empathy, and support that they are able to freely give to other
group members. I have seen this process be a very healing and powerful experience for trauma survivors. Thus, as a result of my previous clinical experience witnessing firsthand the benefits of group psychotherapy for trauma survivors, these findings were positive, yet unsurprising.

An aspect of the data that I found to be the most surprising was the few participants who reported benefitting from their group facilitators’ disclosure of their identity as a survivor of sexual assault. Although this was not a commonly reported experience across participants, I believe it deserves noting nonetheless, as the literature is currently conflicted on the extent with which therapist disclosure of survivor status or of previous trauma history is beneficial or helpful to clients. Previous literature suggests that when the therapist and client share a similar trauma history, there is a potential for the therapist and client to retraumatize each other because of the shared trauma (Bell & Robinson, 2013). Conversely, it has also been suggested that mutual healing may occur when a therapist and client have experienced the same traumatic event (Tosone, et al. 2012). The current research is sparse and also has not specifically focused on sexual assault as the shared traumatic experience. Thus, the literature has yet to explore the extent to which survivors may or may not benefit from knowing their provider that has also experienced the same type of trauma. I believe it is imperative for the field to explore this topic further, given that many survivors are motivated to support the trauma recovery and healing of others because of their personal experiences (Branson, 2018) and may be among the psychotherapists providing these services to sexual assault survivors. Thus, I advocate for future research to address this gap in the literature by examining the potential therapeutic effects of survivors receiving treatment from providers who willingly disclose their identity as a sexual assault survivor.
Conclusion

To date, little attention has been devoted to understanding the experiences of sexual assault survivors seeking support from one another related to their shared experience of sexual trauma. Furthermore, the concepts of vicarious traumatization and shared trauma have yet to be explicitly explored in sexual assault research as it pertains to relationships between survivors of sexual trauma. The present study examined the buffering and supportive effects of social support between sexual assault survivors, as well as the potential negative effects of vicarious traumatization and shared trauma within a group therapeutic context by analyzing the experiences of sexual assault survivors that have engaged in sexual assault support groups.

Sexual assault support groups were largely found to be viewed by survivors as a safe, supportive, non-judgmental, and destigmatizing environment that allowed open and honest expression of thoughts and feelings related to traumatic experiences. This study suggests that group facilitators play a crucial role in fostering some of these benefits of attending sexual assault support groups. The safety and trust established within the group provided a foundation that enabled trauma processing and healing. The support groups also have the capacity to play a crucial role in dismantling and combating societal scripts, common myths, and misconceptions related to sexual assault, and can help participants gain insight into the appropriate placement of blame and fault for the sexual assault. The support group is able to reduce shame, stigma, self-blame, loneliness and isolation, all of which are common reactions to sexual trauma, through the sharing and validation of common experiences within the group. The support group is also able to provide this benefit by group facilitators utilizing their knowledge and expertise to provide education to survivors attending sexual assault support groups. Furthermore, the support group
has the power to create a shared experience of trauma processing and a collective healing for sexual assault survivors in sexual assault support groups.

This study explored the ways in which survivors are negatively impacted by the shared trauma that exists amongst group members within sexual assault support groups, and also explored the potential presence of vicarious traumatization and shared trauma within sexual assault support groups. The exposure to the traumatic experiences of other group members were found to serve as a reminder of survivors’ own traumatic experiences, due to the shared experience of sexual trauma amongst members of the group. Some participants expressed a difficulty with effectively coping with the negative impacts of shared trauma and shared experiences that emerged within the group. Amongst these participants, this difficulty led some participants to consider leaving or ultimately deciding to leave the group. Another reason survivors elected to leave the group was because of compromised emotional safety within the group. Furthermore, findings from this study suggest that having adequate coping skills may allow sexual assault survivors to effectively manage their negative reactions to the shared experiences of sexual trauma amongst group members, allowing them to continue experiencing the therapeutic and supportive effects associated with the shared trauma amongst survivors in sexual assault support groups. Furthermore, the results from this study have direct implications for the clinical practice of group psychotherapy for sexual assault.


Gatz, M., Brown, V., Hennigan, K., Rechberger, E., O’Keefe, M., Rose, T., et al. (2007). Effectiveness of an integrated, trauma-informed approach to treating women with co-


https://doi.org/10.1177/15248380211043828

Herman, J. L. (2015). *Trauma and recovery: The aftermath of violence--from domestic abuse to political terror.* Hachette UK.


https://doi.org/10.1007/s10615-012-0395-0


van der Kolk, B. A. (2014). The body keeps the score: Brain, mind, and body in the healing of trauma. Viking. Check on this just in case


https://doi.org/10.1080/10926771.2016.1152341


Appendices

Appendix A: Recruitment Flier

Research Study on Group Therapy for Sexual Assault

Seeking individuals 18 years or older who have participated or are participating in a group for sexual assault

**Purpose:** To explore the relationships among sexual assault survivors in sexual assault groups and to better understand relationships among survivors in recovery from sexual trauma.

**Participation involves:** Completing an anonymous, online survey. Survey takes around 60-90 minutes to complete.

**Potential Risks:** Mild to moderate risk of emotional distress related to potentially triggering material.

**Potential Benefits:** The opportunity to share your experiences in group therapy may be healing or therapeutic, and your involvement in improving future treatment for sexual trauma survivors may be empowering. Feedback you provide will be included in a published dissertation and may inform future group treatment for sexual assault survivors.

**Other Important Information about Participation:** The organization, group leaders or other group members will not be informed of your participation. You can withdraw your participation at any time. All email communication will be through secure, encrypted emails for your privacy and protection. Direct responses from the survey may be used, however any information or details that could potentially expose your identity will be removed. Your name will not be used in any reports and your records will be stored on a password-protected flash drive that will be stored in a locked filing cabinet in a locked office. Only the primary researcher and research supervisor will have access to your records, and only the researcher, research supervisor and undergraduate research assistants will have access to your survey responses.

**To participate:** Please click the link below or type it into your web browser: [https://wcupa.co1.qualtrics.com/jfe/form/SV_9twJyB3tndnU2](https://wcupa.co1.qualtrics.com/jfe/form/SV_9twJyB3tndnU2)

If you need assistance, please email Brittni.gettys@hushmail.com

Disclaimer: This study has been approved by the West Chester University Institutional Review Board.
Appendix B: Qualtrics Survey

Informed Consent

Welcome to the research study!

Project Title: The Effects of Relationships Among Survivors in Sexual Assault Support Groups

Investigator(s): Brittni Gettys; Susan Gans

Project Overview:
The research project is being done by Brittni Gettys as part of her Doctoral Dissertation to explore the relationships among sexual assault survivors in sexual assault support groups. This study aims to better understand the influence of relationships among survivors on recovery from sexual trauma. If you would like to take part, West Chester University requires that you agree and sign this consent form.

Participation in this research project is voluntary, and you may stop your participation at any point in the survey. Your participation will take about 60-90 minutes to complete the survey.

There is a minimal to moderate risk of emotional distress or discomfort. While you will not be asked to disclose details of your traumatic experiences, you will be asked to share your experiences engaging in group therapy for sexual trauma. As such, you may experience mild to moderate levels of emotional distress due to answering the questions in the survey. You may also find that having the opportunity to share your experiences in group therapy to be empowering, healing, or therapeutic. You will have an opportunity to share your thoughts about how group therapy for sexual assault survivors can be improved. Additionally, you may experience positive emotions as a result of your involvement in improving future treatment for sexual trauma survivors. Your participation in this research project could also help improve knowledge about the relationships between sexual assault survivors and may inform future treatment for sexual assault survivors. Due to the global pandemic, many therapy services have moved to virtual modalities. This study may provide valuable information on the effect of virtual modalities on group therapy services.

You may ask Brittni Gettys any questions to help you understand this study. If you don’t want to be a part of this study, it won’t affect any care you may receive from West Chester University or the agency in which you are currently seeking services. If you choose to be a part of this study, you have the right to change your mind and stop being a part of the study at any time.

What is the purpose of this study?
To explore the relationships among sexual assault survivors in sexual assault support groups. To better understand the influence of relationships among survivors on recovery from sexual trauma.

If you decide to be a part of this study, you will be asked to do the following:

- Confirm you meet inclusion criteria
- Sign this informed consent form
- Complete the survey

**Are there any experimental medical treatments?** No

**Is there any risk to me?**
Possible risks or sources of discomfort include: emotional distress or discomfort. While you will not be asked to disclose details of your traumatic experiences, you will be asked to share your experiences engaging in group therapy for sexual trauma. As such, you may experience mild to moderate levels of emotional distress due to answering the questions in the survey.
If you become upset following the survey and wish to speak with someone, you may speak with your agency where you receive group therapy, your nearest hospital, emergency room or crisis center, the National Sexual Assault Hotline (1-800-656-4673) or the National Suicide Prevention Crisis Line/Veteran’s Crisis Line (1-800-273-8255). If you experience discomfort, you have the right to withdraw at any time.

**Is there any benefit to me?**
Benefits to you may include: You may find that having the opportunity to share your experiences in group therapy may be healing, or therapeutic. You will have an opportunity to share your thoughts about how group therapy for sexual assault survivors can be improved. Additionally, you may find your involvement in improving future treatment for sexual trauma survivors to be an empowering experience.
Other benefits may include: Your participation may improve knowledge about the relationships among sexual assault survivors and may inform future treatment for sexual assault survivors. Due to the global pandemic, many therapy services have moved to virtual modalities. Your participation may provide valuable information on the effect of virtual modalities on group therapy services.

**How will you protect my privacy?**
Your survey responses will be anonymous. Your signed Inform Consent Form will be stored separately from your survey responses to maintain anonymity of your responses. The Informed Consent Forms and background information will be stored on an encrypted, secure flash drive that will be stored in a locked filing cabinet and will not be removed from the research lab. Your survey responses will be stored on a separate encrypted, secure flash drive that will be stored in a locked filing cabinet and will not be removed from the research lab.

The survey responses will be reviewed for data analysis by Brittni Gettys and undergraduate research assistants. Direct quotes from the survey will be used for study results and findings, however any information or details that could potentially expose your identity will be removed. Your records will be private. Only Brittni Gettys, Dr. Susan Gans, and the IRB will have access
to your name and any identifying information and the Informed Consent Forms. Only Brittni Gettys, Dr. Susan Gans, undergraduate research assistants and IRB will have access to your survey responses.

Your name will **not** be used in any reports. Records will be stored:

in a locked cabinet in Wayne Hall Room 513, which will also be kept locked. Encrypted File Password Protected File/Computer

You will be assigned a participant number which will be attached to your survey responses. The undergraduate research assistants will only have access to your participant number and survey responses. They will not have access to any of your identifying information. Your signed consent forms will be saved on password-protected encrypted flash drive that will be stores in a locked filing cabinet in a locked office and only the researcher and research supervisor will have access to this flash drive. The survey responses will be saved on a separate password-protected encrypted flash drive. Responses will not be saved on any other device, software, or program. Only the research team will have access to the flash drive containing survey responses. These flash drives will not be removed from the research lab.

Records will be destroyed after manuscript development, but no less than three years

**Do I get paid to take part in this study?** No

**Who do I contact in case of research related injury?** For any questions with this study, contact:

**Primary Investigator:** Brittni Gettys at Brittni.Gettys@hushmail.com

**Faculty Sponsor:** Susan Gans at 610-436-3270 or SGans@wcupa.edu [Email] What will you do with my Identifiable Information?

Your identifiable information will not be used or distributed for future research studies.

For any questions about your rights in this research study, contact the ORSP at 610-436-3557.

By electronically signing this form, you acknowledge:

You are at least 18 years old
You have experiences sexual assault, sexual trauma or military sexual trauma (MST).
You have participated or are currently participating in a support group for survivors of sexual assault.
Your participation in the study is voluntary.
You are aware that you may choose to terminate your participation at any time for any reason. You have read and understand the statements in this form.
You understand that by signing this form you endorse the following statement: I know that if I am uncomfortable with this study, I can stop at any time. I know that it is not possible to know all possible risks in a study, and I think that reasonable safety measures have been taken to decrease any risk.
SIGN HERE

Full name and date:

Block 1

Thank you for taking the time to complete this survey. It takes a lot of bravery and courage to attend support group meetings and to talk about your experiences. Your willingness to talk about your experiences is extremely appreciated. As mentioned in the informed consent form you signed, it is important that you know you can stop participating in the survey at any point if you are uncomfortable or are in distress, and you do not have to respond to any questions that you are uncomfortable with answering. You will first be asked some brief questions about yourself. This information will be stored with your informed consent forms and separate from your survey responses to keep your responses confidential and anonymous. You will then be asked questions about your history with attending these kinds of groups. Next, you will be asked questions about what you like and don’t like about the whole experience of attending groups for sexual assault. When responding to the questions, please refrain from sharing the names of other group members or any information about the other group members that could be used to identify them. Lastly, you will be asked for any advice you have for others that may attend these groups.

Block 2

What is your age?

- 18-29
- 30-39
- 40-49
- 50-59
- 60-69
- 70+
What is your race or ethnicity?

What is your gender or gender identity?

What is your sexual orientation?

What is your education level?

Which statement best describes your employment status:
  - Employed - part-time
○ Employed - full-time
○ Student
  Retired
○ Work inside the home
○ Other:

**Block 3**

How many different support groups have you experienced before?

○ Only 1 group
○ 2 - 3 other groups
○ 4 or more groups

In total, how many different group meetings do you think you have attended in your adult life?

○ 1 meeting
  2 - 3 meetings
  4 - 5 meetings
  6 - 7 meetings
  8 - 9 meetings
  10 or more meetings

**Block 4**

Are there any helpful aspects to these kinds of groups or things you like about these support groups?

**Block 5**
Are there any things about these kinds of groups that you wish were different—anything you find unhelpful or that you don't like?

Have you ever thought about or even stepped away from a particular group meeting or ever considered leaving a group altogether? If yes, what did you end up doing and why?

**Block 6**

Have you ever been affected by listening to other group members talking about the trauma they experienced or how they are coping with their traumatic experiences?

Are there aspects of listening to other group members talking about their traumatic experiences in group that is helpful to you?
Sometimes people call it a “trigger” when they see or hear something second hand that brings them back to their own feelings of distress or vivid memories about a similar experience. Has this ever happened to you in these groups? If so, can you describe what happened in the group and how you dealt with being triggered?

Do you see group leaders help to manage the thoughts and feelings of all group members? In other words, do group leaders seem to know how to respond when members are sharing about traumatic experiences?

Block 7
What advice would you give to someone like you to get the most out of this kind of group?

Thank you for completing this survey. Your responses are greatly appreciated!

If you are experiencing distress after completing this survey and wish to speak with someone, you may speak with your agency where you receive group therapy, your nearest hospital, emergency room or crisis center, the National Sexual Assault Hotline (1-800-656-4673) or the National Suicide Prevention Crisis Line/Veteran's Crisis Line (1-800-273-8255).

If you are interested in receiving information regarding the findings of this study, please email the primary researcher, Brittni Gettys, at Brittni.gettys@hushmail.com.

Appendix C: Participant Demographics and Background Information
## Participant Demographics and Background Information

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<thead>
<tr>
<th>Race</th>
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<tr>
<td>White/Caucasian</td>
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<tr>
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<thead>
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<th>Gender</th>
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<tr>
<td>Female</td>
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<td>LGBTQ+ Identity</td>
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<td>Student and Part-time Employment</td>
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<td>Student and Full-time Employment</td>
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<tr>
<th># of Groups Attended</th>
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<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>21</td>
<td>72.4%</td>
</tr>
<tr>
<td>2-3</td>
<td>5</td>
<td>17.2%</td>
</tr>
<tr>
<td>4 or more</td>
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<td>10.3%</td>
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<thead>
<tr>
<th># of Sessions Attendance</th>
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</thead>
<tbody>
<tr>
<td>1</td>
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<td>2-3</td>
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<td>10 or more</td>
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Appendix D: Table of Theme Frequency
Research Question 1: Helpful Aspects of Attending Sexual Assault Support Groups

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<thead>
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<td>Theme 2: Group Facilitated Increased Understanding</td>
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<tr>
<td>Theme 3: The Power of Shared Experiences</td>
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Research Question 2: Unhelpful or Ineffective Aspects of Attending Sexual Assault Support Groups

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</thead>
<tbody>
<tr>
<td>Theme 1: Group was Not a Safe Space</td>
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<td>34.5%</td>
</tr>
<tr>
<td>Theme 2: The Group was Ineffective</td>
<td>7</td>
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Research Question 3: Coping with Trauma-Related Reminders that Occur During Sexual Assault Support Groups

<table>
<thead>
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<th>Theme</th>
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<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>Theme 1: The Impact of Shared Trauma Among Group Members</td>
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<td>48.3%</td>
</tr>
<tr>
<td>Theme 2: Empathy for Fellow Group Members</td>
<td>12</td>
<td>41.4%</td>
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Research Question 4: The Role of Group Facilitators in Sexual Assault Support Groups

<table>
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<th>N</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theme 1: Provides Structure to the Group</td>
<td>17</td>
<td>58.6%</td>
</tr>
<tr>
<td>Theme 2: Facilitates the Learning of Group Members</td>
<td>18</td>
<td>62.1%</td>
</tr>
<tr>
<td>Theme 3: Providing a Supportive Therapeutic Environment</td>
<td>20</td>
<td>69.0%</td>
</tr>
</tbody>
</table>

Research Question 5: Advice for Peer Survivors

<table>
<thead>
<tr>
<th>Theme</th>
<th>N</th>
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</thead>
<tbody>
<tr>
<td>Theme 1: Advice about the Group Experience</td>
<td>23</td>
<td>79.3%</td>
</tr>
<tr>
<td>Theme 2: The Importance of Validating Your Trauma</td>
<td>9</td>
<td>31.0%</td>
</tr>
</tbody>
</table>
Appendix E: IRB Approval

TO: Brittni Gettys and Susan Gans
FROM: Nicole M. Cattano, Ph.D.
Co-Chair, WCU Institutional Review Board (IRB)
DATE: 12/13/2021

Project Title: The Effects of Relationships Among Survivors in Sexual Assault Support Groups
Date of Approval for Revision**: 12/13/2021
**Please note that the original end date of your approved protocol still applies**

☑ Expedited Approval
  This protocol has been approved under the new updated 45 CFR 46 common rule that went in to effect January 21, 2019. As a result, this project will not require continuing review. Any revisions to this protocol that are needed will require approval by the WCU IRB. Upon completion of the project, you are expected to submit appropriate closure documentation. Please see www.wcupa.edu/research/irb.aspx for more information.

Any adverse reaction by a research subject is to be reported immediately through the Office of Research and Sponsored Programs via email at [irb@wcupa.edu]

Signature: [Signature]
Co-Chair of WCU IRB

Protocol ID # 20210309A-R1

WCU Institutional Review Board (IRB)
IORG#: IORG0004242
IRB#: IRB00005030
FWA#: FWA00014155

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