

**Examining How Sexual Trauma Has Affected Women in Their Education: Creating a  
Community of Awareness in the Educational System**

by

Tyeasia Dorsey, Liberty University

A Dissertation Presented in Partial Fulfillment  
of the Requirements for the Degree  
Doctor of Education

School of Behavioral Sciences

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Approved By:

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**Abstract**

Sexual Trauma can have debilitating effects on women's lives. The goal of this study was to focus on one aspect: how sexual trauma affects women's academic performance, whether continuing education, a decrease in grades and grade point average (GPA), or the continuation of further educational studies. The underlying rationale for the study was the lack of research on the topic, especially in rural communities. This research utilized a qualitative study approach by conducting semi-structured interviews. This study was conducted to examine the mental health components of sexual trauma in women: a lack of support versus having a supportive environment and family when it comes to sexual trauma and fears of reporting sexual trauma. The study discussed future research possibilities to reduce the stigma of sexual trauma regarding who is to blame, encourage more assaults to be reported in the future, and ensure that the perpetrators of sexual assault are subject to legal consequences. The aim is to provide more research and education on sexual trauma effects for the community as well as other researchers in the hopes of stimulating more research on overcoming the emotional and mental impacts of sexual trauma in women.

*Keywords:* sexual trauma, education, women, mental health

### **Dedication**

This dissertation is dedicated to my family: my parents, who always believed I would gain my doctoral degree; my husband, who supported me every step of the way; my sister, who has always supported me and shown me how proud she is of my educational attainment goals; and lastly, my daughter. My continuation of my education is to show her that she can be and do whatever she wants, never settle for mediocrity, and always strive for more.

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### **Abbreviations**

1. COVID-19: Coronavirus disease
2. DSM: Diagnostic Statistical Manual
3. GPA- Grade Point Average
4. NIH: National Institute of Health
5. PTSD: Post Traumatic Stress Disorder
6. RAINN: Rape, Abuse, & Incest National Network
7. SA: Sexual Assault
8. TF-CBT: Trauma Informed Cognitive
- 9.US: United States

## **Chapter One: Introduction**

### **Overview**

According to Knapik (2008), “Sexual trauma can affect women in emotional, physical, and spiritual ways” (p. 1). In turn, this can cause “negative outcomes in their ability to continue their education or being able to focus on their academic studies” (Fry, 2018, p. 1). Therefore, this qualitative study explored how sexual trauma negatively impacts the academic performance of women, specifically how women of different ages have managed or intend to manage their emotions related to sexual trauma and continue their educational studies after the trauma occurred. This chapter presents a brief background of the topic and recognizes the gaps in the literature the research attempted to fill. Within this study the discussion of the motivation and reasoning for undertaking this study, the research problem, the study's significance, and a purpose statement were all discussed. The researchers research questions and relevant information appear at the end of the chapter.

### **Background**

Sexual trauma often focuses on individuals who have experienced sexual violence and the effects it causes on their lives. However, few studies have been conducted regarding how adult women may still suffer effects 20 to years after sexual trauma and how these long-term effects may affect their continuing education (Trickett et al., 2011). Sexual trauma continues to be a severe problem within the community, particularly in home settings. Trickett et al. (2011) reported that sexual trauma that involves molestation and rape from family members is frequently unreported or investigated.

Therefore, this dissertation studied the psychological and physical impacts of sexual trauma on women and how it affects their current education or continuing education. According to Stermac et al. (2020), “The well-documented mental health effects of sexual violence include depression, anxiety, post-traumatic stress, and suicidal ideation” (p. 29).

Previous research has indicated that victims of sexual trauma demonstrate significantly graver psychopathology than individuals with no sexual trauma (Dworkin & Weaver, 2017).

It should be noted that the term “sexual violence” is often interchangeably used with the terms “sexual assault” and “rape” (RAINN, 2024).

### **Historical Background**

Chwo et al. (2022) explained that when it comes to sexual violence, women are at a 90% high-risk rate, as are children and adults. Regarding the issues of women's sexual trauma, research has shown that historical difficulties include physical, psychosocial, and psychological issues, as well as risk-taking behaviors and early death (Taylor et al., 2012).

Trickett et al. (2011) described,

Sexually abused females (on average) showed deleterious sequelae across a host of biopsychosocial domains, including earlier onsets of puberty, cognitive deficits, depression, dissociative symptoms, maladaptive sexual development, hypothalamic-pituitary-adrenal attenuation, asymmetrical stress responses, high rates of obesity, more major illnesses and healthcare utilization, dropping out of high school, persistent post-traumatic stress disorder, self-mutilation, *Diagnostic and Statistical Manual of Mental Disorders* diagnoses, physical and sexual revictimization, premature deliveries, teen motherhood, drug and alcohol abuse, and domestic violence. (para. 1)

Worldwide estimates are that more than 30% of women experience physical or sexual violence at some time in their lives (Shors et al., 2018).

The goal of this research was to explore whether adult women struggle with the thoughts and triggers of their past sexual trauma and the negative impact this has on their academic studies. Trickett et al.'s (2011) research study demonstrated that sexual trauma could cause issues in interpersonal connections, leading to issues in trust, low academic performance, and dropout among high school and college students.

Further research on this topic can clarify the significant impact of sexual trauma on academic performance and explore how the effects of rape can vary based on several factors. The physical, psychological, and educational impacts of rape are based on where the individual was raped and how often the individual was subject to rape (Basile et al., 2019). Additional factors affecting the impact of sexual trauma included physical abuse, the use of objects, and rape, where the victim does not remember it but still experiences the physical effects of trauma. (Cowan et al., 2020). Additionally, Chivers-Wilson (2006) identified that other issues could arise from sexual trauma, including the inability to focus on education, looking for ways to detach mentally and physically, and trying to forget the trauma. Moreover, “sexually traumatized women will avoid conversations about their trauma” (Mark, 2023, p. 1). Other issues linked to sexual assault include mental health disorders, agoraphobia, low self-esteem, substance abuse, and suicidal ideation (Chivers-Wilson, 2006).

Sexual trauma can cause promiscuity in women and lead women to no longer focus on their education. However, several changes have occurred in the United States to help women fight cases against rape. For instance, according to RAINN (2024), rape kits in North Carolina are available at hospitals, and rape victim advocates support victims during this traumatic experience.

The researcher had the opportunity of being a rape victim advocate. The researcher has personally witnessed the long process, the overwhelming feelings from victims, and the daunting steps of the rape kit. Many sexual assault and domestic violence centers are located in the United States because sexual assault can occur in relationships and marriages as well as outside them. Yazdkhasti et al. (2012) identified ways to help overcome sexual trauma, including support groups and counseling, which can address mental and social struggles, thereby allowing women to complete their educational goals.



### **Social Context**

Individuals' emotions and expressions of sexual trauma are often based on how society views them and the trauma. Campbell et al. (2009) indicated that the accumulation of women's victimization and the subsequent collective societal response influence the impact of any individual instance of sexual violence on women's mental health. Key findings from Campbell et al.'s research showed that different microsystem factors (including family and community relationships) and macrosystem factors (including living in a poor rural area, cultural differences, and socioeconomic status) are associated with sexual trauma and its effects on a woman's mental health, which in turn can affect their education. Macrosystem factors refer to cultural differences regarding sexual trauma and its effects in sociocultural contexts on survivors of sexual trauma and their recovery (Dworkin & Weaver, 2021). However, garnering positive social reactions and support from informal sources creates decreased mental distress caused by sexual assault (Campbell et al., 2009).

### **Theoretical Framework**

Gannon and Ciardha (2012) reported that sexual trauma could be explained using integrated theory. The theoretical framework of this study which focuses on social theory was based on contemporary human perspectives and experiences related to sexual trauma that occurred during childhood, adolescence, or adulthood. This framework provided the structure to understand how sexual trauma can negatively impact women's outlooks on life and influence their attitudes toward pursuing or continuing academic studies. Chives-Wilson (2006) discussed their own findings in regard to addressing the psychological components associated with sexual assault against adults or children, including "intimacy problems, emotional control, and inappropriate sexual interest" (Chivers-Wilson, 2006, p. 1). Gannon and Ciardha (2012) identified, "Psychological theories focus on explaining human thought and behavior via numerous developmental, cognitive, social, behavioral, or affective

mechanisms” (para 1.). These integrated theories explain sexual violence and abuse by incorporating biological, ecological, and neuropsychological factors (Gannon & Ciardha, 2012).

Individuals who experience sexual trauma often find their spirituality diminished. Indeed, “some individuals who have experienced sexual trauma cannot go to their church or pastor because their pastor or someone in the church is the person who sexually abused them” (Crisp, 2007, p. 70). As a result, Schmutzer (2008) directed,

Christians and especially leaders must learn to normalize the incidence of sexual abuse crises, nurture an understanding that helps with survivors' healing, and encourage theological reflection among theological educators, pastors, and church leaders by improving our knowledge of sexual abuse. (p. 1)

### **Situation To Self**

The researcher acknowledges that she is an African American female and a sexual trauma survivor. However, the researcher's personal experience or racial background did not influence the data and findings of this research. As the researcher, it was motivation to conduct this study predominately focusing on educating my readers on the negative impacts that sexual trauma can have on women, particularly in their academic studies. Based on the researcher's screening questionnaire and the required qualifications to participate in this study, she interviewed seven women. Their backgrounds and common areas of concern were related to sexual trauma that occurred during their lifetimes. The study examined the impact of sexual trauma on women and how it negatively affected their academic performance. As the researcher, she attempted to describe the essence of women's realities regarding the aftermath of sexual trauma and the similarities and differences that each experienced when it came to academic performance.

The researcher anchored her study within a qualitative research framework and grounded it in social constructivism. The goal of the researcher was to provide a worldview of sexual assault from the eyes of each participant, as each one shared their personal views and experiences of sexual trauma.

### **Problem Statement**

This research aimed to understand how sexual trauma negatively impacts women and their educational studies. Sexual trauma can affect a woman's ability to focus and concentrate and even fear attending face-to-face courses. The COVID-19 pandemic allowed many women to continue their education without fear because they did not have to leave their homes. However, if women were previously assaulted in their homes, they risk the chance of revictimization. Hence, they are fearful of continuing their education outside the home. Thus, this qualitative study examined the reactions and responses of women regarding the discussion of sexual trauma and its effects on their education, as well as exploring other impacts that sexual trauma can have on women's lives.

### **Purpose Statement**

This dissertation was to conduct a phenomenological study to discover and understand the impact of sexual trauma on women's continuing education and academic performance. This study primarily targeted women of different races who lived in rural areas and had experienced sexual trauma. Cognitive and psychodynamic theories guided the work to focus on the minds of the women interviewed and individual differences related to trauma. This study uniquely examined beneficial interventions for women who were victims of sexual trauma that helped them continue their education. The study utilized a qualitative approach with semi-structured interviews and included a demographic screening survey to identify appropriate participants. This method ensured that "minimum research is [provided] on this

topic and research that has been conducted has not been broad enough to discuss women in rural communities” (Molstad et al., 2023, p. 1).

The gap in the literature suggests that further research is needed on how sexual trauma can have a significant impact on women's education to show that women can overcome it with support. Therefore, this study aimed to provide insight into how sexual trauma affects women mentally and emotionally and negatively impacts their academic performance. The successful academic performance of sexually abused women depends on the available support and resources in their area.

### **Significance of the Study**

This study was beneficial to women of different races and cultures because it identified the common factors associated with sexual trauma and their negative impacts on academic performance. This study examined the real-life stories and experiences of women who were sexually assaulted, including how they overcame the assault and the obstacles they faced. This section discusses the study's theoretical, empirical, and practical bases.

### **Theoretical Basis**

Theoretically, research is based on the researcher's beliefs and assumptions, which allow for a better understanding of the study topic. Sexual trauma can occur at any age for women. Critically, “the perpetrators of sexual violence are often people the victim knows, such as a friend, partner, neighbor, co-worker, or family member” (Sable, 2006, p. 2). Therefore, this study aimed to provide information on how sexual trauma can affect education in women. It broadened the scope of efforts to understand the factors that contribute to women's poor academic performance even years after sexual trauma. In addition, “it demonstrated the reasons why women fail to come forward and the various types of support they can get even years after experiencing sexual trauma (Slatton & Richard, 2020, p. 1).”

The identities of interest in this study were women who had suffered from sexual trauma as children or adults and experienced subsequent negative effects on their ability to learn. The research sought to be beneficial in raising awareness by examining several facets of sexual trauma causing oppression in women. In the rural communities of the participants in this study, most individuals knew each other; therefore, their families were told to remain silent about the assaults to ensure that knowledge of the crime and its associated trauma did not extend outside the community. This study shows the effects of silence on women and that “the seriousness of an event may be evaluated differently, according to the social, cultural or economic context of the people involved, giving it a specific coherency within the different frames of understanding” (Kappler, 2012, p. 1). Therefore, ongoing efforts are needed to understand the coping mechanisms of women who experience sexual trauma. As a result, this study was implemented as a response to this call.

### **Empirical Basis**

Although there were some similarities in the literature within this dissertation research and past literature there are also some differences. There is a gap in the literature researched previously pertaining to this dissertation study topic. Past research shows more focus on academic struggles after trauma within college students, but fewer studies discuss the effects trauma has on academics from early academics and continuation up to college years. The researcher focused on real life experiences and observations of emotions and feelings captured through body language during interviews. These types of feelings are “founded upon a constructivist view of trauma in which the individual’s unique history shapes his or her experience of traumatic events and defines the adaptation to trauma” (McCann & Pearlman, 1992, p. 1). This study aimed to show that some women can push through the sexual trauma victim mindset and allow themselves to defeat the odds and continue their education. The survivors of sexual trauma may have different coping strategies that reflect

the differences in cognitions and behaviors associated with sexual trauma. These “coping strategies employed by victims represent another potential determinant of the variation in long-term functioning reported by victims” (Walsh et al., 2010, p. 3).

### **Practical Basis**

This research is essential for contributing to the body of knowledge for researchers and the broader society regarding how sexual violence affects millions of people each year in the United States and how it affects millions of women's plans for continuing their education (Jordan et al., 2014). Terry and Williams (2021) discussed how multiple research studies on sexual trauma have indicated that sexual trauma occurring in rural areas is less likely to be reported to the police. There are also “concerns about the effect of media on the prosecution of sexual assault, and legal providers have also mentioned problems with the lack of any physical evidence, making successful prosecution more difficult” (Annan, 2014, p. 5). Sexual trauma affects women in several ways—mental, physical, emotional, and spiritual—and some women are more vulnerable because of the time of their sexual trauma, such as childhood or adolescence. As stated by Luce et al. (2010), “Sexual assault may result in long-term mental and physical health problems. These problems, when presented to the family physician, can include chronic pelvic pain and difficulty with pelvic examinations” (p. 1).

The goal of this research was to focus on how sexual trauma affects academic performance in women. Research has shown in different ways that sexual trauma can tremendously affect women continued academic education. Previous research on this topic has shown that “a history of sexual abuse is directly negatively related to ratings in classroom social competence, [being a] competent learner, and overall academic performance and [is] positively related to school avoidant behavior” (Trickett et al., 1994, p. 1).

### **Research Questions**

This study was based on four research questions:

**RQ1.** What are the shared experiences of women who were victims of sexual trauma?

The researcher wanted to gain a deeper understanding how there can be similarities in emotions and feelings in relation to the trauma although the sexual trauma occurred at different ages and circumstances for each participant. The National Institute of Health showed that sexual trauma “survivors experience increased psychological symptoms, including anxiety, posttraumatic stress disorder, depression, low self-esteem, and social adjustment difficulties as result of the attack (Campbell et al., 2009).” Within this study, the researcher identified commonalities associated with mental health diagnosis, participants knowing their offenders, and its impact on their academic studies success.

**RQ2.** Are there more mental health diagnoses and symptoms associated with women who were sexually assaulted as children rather than as adults?

“Although the present analyses controlled for demographic variables between trauma in childhood, in adulthood, and no trauma, correcting for these confounds may have eliminated true group differences (Zlotnick et.al., 2008, p.1).” Culture can play a factor in how women seek help and guidance after sexual trauma occurs. Within this research study it was noted that women of different cultures were told to not seek out counseling or speak to anyone about the sexual trauma that occurred which in turn cause them to have mental health instability as an adult having to keep negative emotions and secrets pertaining to the trauma to themselves. There is nothing or no one who can predict the negative emotions or impact sexual trauma can have on a woman

until someone is open enough to discuss and express the impact it has caused on their mental health.

**RQ3.** Do sexual assault survivors believe that increased support assisted in their completion of academic studies?

Support can be beneficial in helping women achieve their goals and achieve their academic successes. The feelings of not being alone or feeling alone can be a great benefit and not harm to women in moving forward and staying positive. Participants within this study showed that having support would have been a great benefit for them believing in themselves, not feeling unwanted or untrustworthy, but having the confidence to speak up and someone help them seek and receive some form of justice. Sexual trauma can last for an extended period, so support both community and natural support can be beneficial in the healing process and increase mental health stability.

**RQ4.** What effect does sexual trauma have on women's interpersonal relationships?

As research has shown, "sexual dysfunctions are characterized by disturbances in sexual desire and in the psychophysiological changes associated with the sexual response cycle in men and women" (Laumann et al., 1999, p. 1). Participants within this research study showed lack of affection, fear of touch, and then others had opposite feelings such as Participant one stating "I felt unwanted if sex was not occurring in a relationship, my trauma made me feel that sex means someone loves you". Sexual trauma can cause confusion within a persons mind meaning, not knowing what is right or wrong, not knowing who to trust, and the inability to form bonds and appropriate intimate relationships with others.

Additionally, sexually assaulted women can feel more stressed, anxious, or depressed, making it harder for them to concentrate on their studies. Therefore, the considerable impact of sexual trauma on academic learning emphasizes the necessity of



providing supportive policies and interventions within educational institutions to cater to the requirements of survivors and lessen the harm done to their educational aspirations.

These research questions precisely describe what the researcher intended to address in this study and illustrate why it is essential to address the problem of trauma affecting academic learning. The development of these research questions was guided by my specific view of sexual trauma that occurs in women. Answering these questions allowed the researcher to better understand the effects of sexual trauma that lead to academic failure or why victims of sexual assault fail to continue their education because of the trauma they have experienced. Learning the effects of sexual trauma can have on relationships and the struggles of intimacy or friendships in general related to affection or sexual relations.

### **Definitions of Key Terms**

1. *Revictimization*: “Two studies found that child physical abuse significantly predicted adult victimization more so than child sexual abuse” (Arata, 2002, p. 20).
2. *Negative effects*: “These include anxiety, phobic reactions, guilt, substance abuse, difficulty trusting people with resultant interpersonal problems, low self-esteem, passivity, and dissociation or derealization” (Arata, 2002, p. 1).
3. *Mental health*: “A state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community” (Galderisi et al., 2017, p. 2).
4. *Qualitative study*: “An interactive process in which improved understanding of the scientific community is achieved by making new significant distinctions resulting from getting closer to the phenomenon studied” (Aspers et al., 2021, p. 1).

### **Summary**

Chapter 1 discussed a characteristic that can cause women to succeed in their academic studies or result in a decline in their academic performance: sexual trauma. The topic of sexual trauma related to rural communities has not been fully addressed or studied. Therefore, this study aimed to address this gap in literature. It also aimed to understand the negative impact of sexual trauma on women's academic performance, which can include finishing school, dropping out of school, and negative behaviors in school. The research questions were designed to increase understanding of the participants' personal views and feelings associated with the sexual trauma they experienced and the impact it has had on their education. This chapter concluded with definitions of the terms used in this study.

## **Chapter Two: Literature Review**

### **Overview**

This chapter reviews the prior research on sexual trauma involving college women and its implications for their education. The incidence of sexual trauma in societal structures, particularly in colleges and universities, has prompted significant research interest. Sexual misconduct is a problem that all college women encounter and deserves this focus (Flecha, 2021). Therefore, it is critical to continue researching and addressing this subject to create awareness, mitigate the effects on victims, and provide treatment options for them. This chapter begins with an assessment of the research undertaken in the field to date.

### **Theoretical Framework**

The topic of the effects of sexual trauma on women's academic performance is an area understudied. "Previous research has not focused on determining if a correlation exists between women outside of college age who have experienced sexual trauma and negative impacts on education, such as lower grades and dropping out (Molstad et al., 2023)." This study is grounded in the cognitive and psychodynamic theories discussed below.

#### **Social Cognitive Theory**

Bandura (2002) developed the social cognitive theory in the 1990s. He argued that learning is affected by cognitive, behavioral, and environmental factors. Bandura's social cognitive theory "examines how individuals reconstruct and cope with traumatic events as they endeavor to reclaim a feeling of control of their lives (Benight, 2004, pg.1)." According to Resick & Schnicke (1992) the theory addresses the influence of distorted thoughts on emotional responses and behavior. "Social cognitive theory has three modes of agency: direct personal, proxy, and collective (Bandura, 2002, p.1)." This research focused on the proxy form of agency in which "people secure desired outcomes by influencing others to act on

their behalf' (Bandura, 2002, p. 270). Social cognitive theorists believe that observations are a part of lifespan development.

According to Govindaraju (2021) social cognitive theory examines three key developmental factors: behavior, environment, and cognition. Understanding how to express oneself to others within society/the community is important, especially as it relates to the trauma that occurred, which can affect self-efficacy and competence. Regarding cognition, a strong competency improves cognitive processes and performance in several contexts, including the quality of decision-making, goal-setting, and educational success (Luszczynska, 201). Bandura's research and his concept of self-efficacy have been discussed in detail regarding trauma recovery and moving forward after trauma has occurred. As Benight and Bandura (2002) stated, among human agency mechanisms, the most significant is personal belief in one's capacity for self-management and control over events that impact one's life.

### **Trauma-Focused Cognitive Therapy**

According to Cohen (2015) "Trauma-focused cognitive therapy focuses on reducing trauma symptoms and reconditioning the negative thought patterns that women have after sexual trauma occurs". "Trauma-focused cognitive behavioral therapy was originally developed for children who had been sexually abused and their non-offending caretakers" (Mannarino et al., 2014, p. 165). Mannarino (2014) conducted a qualitative study based on sexual trauma and education including participants who experienced trauma as children. However, the participants were all adults at the time of the research. Therefore, the focus of this dissertation was a theory focusing on the treatment of adults who have experienced sexual trauma: psychodynamic theory.

### **Psychodynamic Theory**

According to Spermon et al. (2010), "Psychodynamic theory focuses on internal and external views of traumatic events" (p. 1). Examples of information discussed and examined

within the psychodynamic approach include discussion of the sexual trauma event(s), avoidance behavior regarding the sexual trauma, and the emotions and feelings of the client and their interpersonal relationships. The sexual trauma that participants experience within this study included physical and psychological stress reactions. These reactions caused individuals to not be able to focus on their educational needs, have distant relationships with others, struggle with emotional stability which participants attempted to work towards through counseling.

### **Related Literature**

“Sexual harassment affects people of all races, cultures, and backgrounds. Furthermore, sexual trauma is not only confined to women; men are also in danger of being sexually molested (McKeever, 2018, p.3).” Hence, sexual trauma is not a gender-biased phenomenon. However, forms of stigmatization and the risk of being victimized are influenced by individual-level factors, including age, race, gender, geography, educational status, profession, and relationship status.

### **Rape & Victimization**

According to Basile et al. (2020), approximately 18 million women (about the population of New York) and 3 million men have been sexually assaulted in the United States. RAINN (2002) revealed that “one out of every six women in the United States has been a victim of sexual assault, with a projected 300,000 women (about half the population of Wyoming) and approximately 93,000 men victimized in 1 year.”

Erentzen et al. (2022) discovered that 50% of all female rape victims and three-quarters of all male rape victims were sexually abused before the age of 18. A recent survey by Ferragut et al. (2021) discovered that one in every four females and one in every six males were inappropriately touched before they turned 18. Erentzen et al. (2022) also showed that

30% of women were 11 to 17 when they were first sexually assaulted, and 27.8% of men and 12.3% of women were 10 years or younger when first victimized.

According to Basile et al. (2019), the prevalence of male sexual harassment in the United States is between 0.6 and 7.2%, although another research has revealed a higher rate. According to Basile et al.'s (2020) survey results, over 8% of college boys will be assaulted during their time at college. Although men are less likely to be sexually abused than women, they are more likely to be victimized. Statistics show that men are more likely to be sexual trauma offenders and that women are more vulnerable to the adverse effects of sexual trauma (Edwards et al., 2022). These statistics were corroborated by Morral and Schell's (2021) survey findings, which showed that 91% of sexual assault and harassment survivors were female, whereas only 9% were male.

Priya and Prima (2020) conducted a comprehensive review of sexual trauma using two survey investigations. The results showed that 13% of women polled had been subjects of actual rape and that 12.1 million women (about twice the population of Arizona), or one in eight adult women, had been subjected to full forceful sexual violence. Davis and Tolbert's (2019) review of numerous research studies on sexual harassment in the United States discovered that 13–25% of women experienced generic sexual trauma at a particular stage of life. According to Shields et al. (2020), 44% of women and 23% of men have suffered sexual trauma by an intimate partner, implying a greater overall incidence.

Furthermore, research by Miley et al. (2020) revealed that victimization is not exclusive to a particular race. Moreover, levels of sexual harassment are comparable among Black, Asian, Hispanic, and White university females (Boyle & Rogers, 2020). Nevertheless, many other differences exist across distinct racial-cultural groupings. For example, members of the Pacific Islander and Native American communities have higher rates of sexual trauma than those from other races or ethnic groupings. According to a survey by the Centers for

Disease Control and Prevention (2022), half of multicultural women have been sexually assaulted. Data from the National Intimate Relationship and Sexual Assault Survey (Morral & Schell, 2021) showed that 49.5% of multicultural women have experienced sexual harassment, and more than 45% of American Indian or Alaska Native women have experienced trauma in their lives.

According to Rauscher et al. (2023), 22% of Black women in the United States have been raped. White non-Hispanic women have reported harassment at a significantly lower incidence, with approximately 19% experiencing stigmatization. Hispanic women have a lower proportion at 14.6%, but American Indians and Alaska Natives have significantly higher rates at 26.9%. Rauscher et al. (2023) reported that 33.5% of women classified as multi-racial experience more rape trauma than non-Hispanic women. Notably, these figures were primarily based on government reports, which leads to questions about the authenticity and dependability of the data, as reporting habits may influence it. As a result, research must concentrate on the disclosure tendencies of victims of sexual abuse.

### **Reporting Trends**

Silver and Silver (2021) argued that sexual assault is probably the most undercounted offense and found that 63% of sexual attacks are still not reported to the authorities. Morral and Schell (2021) suggested this outcome could be because females are more likely to be sexually assaulted by a current or former partner than by a random person. According to their data from a violence survey, 51.1% of female rape victims were assaulted by a current or former partner, while an outsider sexually assaulted 40.8%.

Male sexual assault victims have experienced similar outcomes. Indeed, 52.4% of respondents reported being sexually abused by a friend, while 15.1% reported being sexually traumatized by an outsider (Morral & Schell, 2021). In total, 80% of cases recognized their

assailant. However, relationships between victims and perpetrators are not the first factors influencing disclosure tendencies (Morrall & Schell, 2021).

Loinaz et al. (2019) showed that females under 18 who reported incidents were significantly more likely than adults to disclose having been sexually assaulted. According to Morrall and Schell (2021), one-third of women who disclosed having been sexually harassed before the age of 18 also suffered rape as an adult. Adolescent females are more likely than older peers to disclose having been sexually assaulted. Bakhtiar et al. (2021) gathered survey information on the number of occasions women were raped: 56% of women polled were raped once, and a further 39% were raped multiple times. Additionally, 5% of the women had no idea how often they had been sexually violated.

Nevertheless, overall reporting levels have decreased, and a link has been discovered between the multi-racial character of occurrences and disclosing behavior patterns. For instance, Bakhtiar et al. (2021) found that White survivors of sexual victimization were far more inclined to disclose the attack or sexual assault to authorities if the perpetrator was Black. Other studies have reported that minority women are generally less inclined to disclose interpersonal violence to authorities. Women are disinclined to disclose sexual trauma for several reasons. For instance, the survivor may feel humiliation, remorse, or discomfort because of the offense (Gilbert, 2022). These factors make it difficult for the survivor to communicate about the incident and, as a result, to disclose it (Horvath & Brown, 2022). Additionally, some victims do not want their friends or colleagues to learn of their mistreatment, as it can be difficult to describe the traumatic incidents to families and relatives.

Numerous studies such as the one conducted by the National Center for PTSD (2022) have found that many women are highly concerned about secrecy and not being trusted. Bedera (2021) discovered that victims desired to understand that law enforcement agencies



kept the complaint secret, discreet, and trusted. Moreover, numerous women were unsure whether they should report the occurrence of sexual assault because they did not grasp the statutory justification for sexual offenses (Whiting et al., 2020). Survivors have also indicated that they did not report the matter to the police because they feared being labeled rapists themselves by those who sexually violated them (Bedera, 2021). Ultimately, victims of sexual harassment experience feelings of fear, nervousness, regret, and contempt, even while making assessment reports (Park & Lee, 2021). Many researchers have expressed a strong interest in better understanding the nature of harassment and whistleblowing. This interest is particularly true regarding harassment in colleges and universities, where the incidence is substantially higher than in the overall population.

### **College Sexual Assault**

Because of the regularity of sexual assault in college settings, police agencies, the court system, the university administration, and numerous advocacy organizations have paid particular attention to the issue. Scholars have been compelled to investigate a variety of related issues. One of the first surveys on sexual abuse and rape in community colleges was undertaken by Howard et al. (2018). The authors defined sexual harassment as forceful kissing, stroking, intended sexual relations, and accomplished sexual relations. In this study, 291 women were surveyed, and 162 reported victimizations. However, over 1,000 occurrences met the criterion for harassment and were documented. In narrowing the findings, approximately 21% of the participants said that they had been the victim of indecent assault, while more than 6% had been compelled to engage in sexual activity (Howard et al., 2018). This study increased awareness of sexual assault on college campuses and piqued the curiosity of researchers.

Subsequent research concerning sexual harassment has found that women in higher education institutions are more likely to be sexually abused than women in the general

community (Horvath & Brown, 2022). Thus, according to Psaki et al. (2022), approximately 350 rapes for every 10,000 women (about the seating capacity of Cameron basketball stadium at Duke University) enrolled in academic institutions occur. A Centers for Disease Prevention and Control survey of 2,800 women aged 19 to 24 found that 22% of those officially enrolled in college had been sexually victimized (Horvath & Brown, 2022). The proportion of women sexually victimized in college was more significant, with 24% having suffered sexual abuse during their first semester of study. By the second semester, 20% of females had been assaulted (Horvath & Brown, 2022). The following section considers the variables discovered to be related to this maltreatment.

### **Variables Associated with College Sexual Assault**

The National Library of Medicine (2023) have found that the same variables and features enhance the risk that women enrolled in college will be sexually assaulted (Howard et al., 2018). These variables that are discussed include prior sexual harassment, having a Greek affiliation, alcohol usage, drug dependence, race, and sexuality. These factors are discussed often in research as it relates to common factors for increase rates of sexual assault on campus because often college students are faced with a lot of opportunities to participate in activities and practices that include substance use which in terms alters the mind and thinking of individuals. Further explanation is warranted on their individual and cumulative significance.

### **Previous Sexual Victimization and Trauma**

As discussed earlier, recurrent trauma enhances the probability of sexual abuse and rape among college women (Horvath & Brown, 2022). Women who have been sexually or physically abused as children or adolescents are more likely to be seriously or sexually abused in university (Hamilton-Giachritsis et al., 2020). Furthermore, females who have

experienced trauma or sexual trauma are much more prone to embrace and accept maltreatment.

According to Horvath and Brown (2022), women who have been sexually attacked ahead of the beginning of the new university year are also more likely to be revictimized than other women. Indeed, former victims are much more effective at absorbing the abuse, acknowledging that it has transpired, blaming themselves, acquiring regret, becoming scared, and becoming more inclined to acknowledge more sexual assault. According to Horvath and Brown (2022) they suggested that women who previously experienced sexual abuse are much more inclined to become numb and respond to or halt the abusive behavior.

### **Greek Affiliation**

Because Greek affiliation in university is associated with a more significant risk of molestation, sexual trauma, or victimization and subsequent adverse outcomes, women who are participants of a women's group or reside in a sorority residence are much more likely to be assaulted or attacked than their equivalents (Fisher & Sloan, 2022). "More than half of sorority women have reported being sexually harassed (Copenhaver et al., 1991)."

Furthermore, women who join college parties, both sorority and non-Greek affiliated, are much more likely to be abused or victimized. RAINN (2002) revealed that approximately half of all college sexual assaults occur in halls of residence, and more than half of all sexual assaults are committed by fraternity members or at Greek gatherings (Horvath & Brown, 2022). Fisher and Sloan (2022) discovered that members of sororities and fraternities have more lenient attitudes regarding rape and frequently consider that drinking alcohol validates strange activities outside their considered morality and personality. Ultimately, while under the influence of drugs or alcohol, individuals in these categories frequently find it acceptable to engage in sexual misconduct or harassment.

### **Use of Alcohol**

According to Stelson and Neimann (2020), "Alcohol usage has been associated with increases in the likelihood of sexual abuse and rape among the broader college student population" (p.1). According to Horvath and Brown (2022) have concluded that the percentage of sexual attacks in college occurs after the female has consciously drunk alcohol. Furthermore, drinking has been implicated in 50% of sexual crimes targeting graduate students. The heightened risk of victimization after ingesting alcohol is not confined to fraternity and sorority members (Fisher & Sloan, 2022).

According to Fisher and Sloan (2022) 74% of offenders and 55% of survivors indicated they were consuming alcohol at the moment of the incident. Sexual assault is substantially more likely when both participants drink alcohol. Of the 119 institutions "more than half of the student body engaged in significant alcohol drinking, and sexual assault rates were significantly high among minority students because of this drinking (Fisher et al., 2022)."

Research on sexual trauma and alcohol usage has revealed that several factors may influence the association. For instance, according to Horvath and Brown (2022), race is a major influence. However, when data for White and Black students were compared, sexual trauma, including alcohol-induced trauma, was more common among White university students rather than minorities. However, Smith et al. (2000) discovered no substantial difference in sexual abuse rates among White and Black campus women in a 4-year retrospective survey. According to their statistics, 74.8% of White women and 81.5% of Black women had been sexually abused by the conclusion of their fourth year of school; however, while a minor distinction was indicated, the difference was not significant (Smith et al., 2000).

Alcohol use significantly impacts public college males' sexual opinions of sexual assault. According to Fisher and Sloan (2022), college males who reported perpetrating sexual trauma while intoxicated have greater aspirations of intimate intercourse with the victims than college men who do not report a comparable assault while under the influence of drugs or alcohol. Most college males believe that if both parties drink alcohol, it increases the likelihood of intimate intercourse.

According to Guinle (2020), drinking alcohol promotes conduct linked with sexual harassment. Many violent acts occur while people are under the influence of alcohol or drugs. Excessive alcohol consumption may impede the victim's capacity to adequately articulate her disapproval of inappropriate touching, making her susceptible to sexual harassment and assault. Furthermore, women who are under the influence of alcohol at the time of the attack may be unable to explain the details of the attack (Chawla & Sarkar, 2019), so their account of the sexual assault might not be acknowledged.

On college campuses, stereotypes of female students who drink alcohol, especially when they drink excessively, are pervasive. According to Rostad (2019) women who are sexual trauma are labeled as irresponsible, sexually promiscuous, and "cheap," which puts them at risk of sexual assault and harassment. In extreme circumstances, arrogant predatory classmates claim that women who consume alcohol are unworthy of respect and should thus be "reprimanded." Several males have asserted that certain females "beg for any of it" (Rostad et al., 2019, p.1).

Female students who attend gatherings and drink excessively are vulnerable to sexual harassment and assault. Since they are under the influence of drugs or alcohol, their sociability and seeming lack of impulse control are regarded as encouraging sexual behavior (Coker et al., 2020). In reality, they may decline sexual activity. In the company of equally

drunk men, females' logical thought is compromised, making their situation weak and unstable.

Liquor is often freely given at college parties and activities. Alcohol is also openly consumed in private dwellings and at holiday gatherings. Prowling men take advantage of such circumstances to sexually abuse a female victim who is inebriated, while some criminals utilize alcohol to gain the confidence to victimize vulnerable girls (Coker et al., 2020).

According to Colaninno et al. (2020), one of the most likely reasons for sexual harassment and assault at academic institutions is alcohol usage. Offenders use alcohol to rationalize their behavior, diminish individual responsibility, and provide a culturally adequate explanation for participating in unlawful behavior (Klein & Martin, 2019). Others may justify the offender's conduct if the abuse happens when the perpetrator is inebriated. The perpetrator may cite a commonly recognized justification of "mitigating circumstances" or that he was under the effect of alcohol and, therefore, does not recall anything. As a result, he transfers and refuses to acknowledge responsibility for the consequences (Colaninno et al., 2020).

### **Use of Drugs**

Substance use in community colleges has also been linked to an increased incidence of sexual assaults. According to research, women who use drugs are more likely to be sexually abused than women who do not use drugs (Horvath & Brown, 2022). Several community college women have expressed concerns about being sedated without their knowledge and sexually attacked (Horvath & Brown, 2022). Nevertheless, research has shown that few sexual attacks occur when women are administered medication without permission (Horvath & Brown, 2022). Most drug-related assaults involve women who voluntarily use drugs. Indeed, the influence of drugs (and a history of other characteristics, such as domestic abuse and minority ethnicities) is intrinsically intertwined with complainant

disclosure behaviors. Victims under the influence of a drug at the time of the offense are disinclined to disclose their victimization.

### **The Impact of Sexual Assault on Academic Performance**

Researchers and college administrators have noticed the impacts of sexual trauma, which has caused them to wonder how alterations in the victim's psychology affect academic performance. Sexual trauma research studies have investigated the cognitive and emotional impacts of sexual harassment. These two components significantly affect the collegiate woman's strengths and weaknesses. College females who contend with a psychiatric condition, self-esteem concerns, or specific physical symptoms following sexual harassment have reported scholastic hardship. The psychological impact of sexual assault on survivors directly influences the work they can put into their academic studies. Nonetheless, scarce research has investigated the impact of sexual abuse on academic achievement.

In longitudinal research, Feigelman et al. (2023) discovered higher rates of depression among female survivors of sexual violence. According to Feigelman et al. (2023), female sexual abuse victims are much more prone to leave school and have low attendance. Moreover, women who have been sexually harassed suffer sadness and a loss of ambition. Victims of sexual trauma also show poorer involvement in social settings and interests. Sexual assault has also been linked to a decline in the respondents' academic attendance and involvement. Loss of self-esteem and despair have impacted previously excellent grades and participation (Feigelman et al., 2023) and can considerably impact academic success. According to previous studies (e.g., Feigelman et al., 2023), female sexual assault victims find it challenging to focus on the classroom, integrate information, and remember specific details about the field of study in which they are enrolled. "Female sexual assault victims may also resort to drug misuse to deal with their trauma, which can harm their academic performance (Horvath & Brown, 2022)."

According to Horvath and Brown (2022) research was needed on the consequences of sexual harassment on the GPA of college females. They discovered that during the first semester of study, 3% of females who had never been sexually victimized in college earned a GPA below 2.5, compared to 10.6% of females who had been sexually assaulted in college. Therefore, ample evidence exists that women who have experienced sexual abuse before and during school have statistically significantly lower academic achievement (Horvath & Brown, 2022).

Horvath and Brown (2022) also showed that women who experience sexual abuse in their first years of study have substantially worse GPAs than women who have not been sexually abused. According to their data, women who have been sexually attacked have much poorer grades than women who have not been sexually attacked. The authors also showed that “personal security impacts the GPAs of women who have suffered sexual violence, and this is directly tied to their academics (Horvath & Brown, 2022).”

### **Patterns of Sexual Assault Reporting in College**

According to Mujal (2019) it was noted that less than 5% of assaults on school campuses are brought to court, while DeKeseredy (2020) discovered that almost 90% of victims of sexual abuse on university campuses do not disclose their interpersonal violence. Less than 22% of school female sexual abuse victims aged from 18 to 24 disclose their trauma to law authorities (Department of Justice, 2019). Thus, examining college female victim records and male offender accounts is critical when assessing the tendency to file college sexual abuse complaints.

### **College Male Offender Reports**

According to Vederhus et al. (2022), slightly more than 63% of male perpetrators at one university self-reported engaging in previous rape or sexual assaults; many also acknowledged current rapes or sexual offenses. As found by Katsman and Jeglic (2019),



about one-third of schoolboys said they would rape a woman if they did not think they would get discovered. Moreira et al. (2021) ascribed college sexual abuse to four basic male offender perspectives based on an essential study from the 1980s and 1990s: stereotyped perception of women's sexual activity, attitudes toward women to go after sexual exploits, alcohol as an instrument in their sexual exploits, and positive role models for their sexually inappropriate behavior.

### **College Female Victimization Reports**

Numerous variables have been discovered that impact non-reporting issues among female college students. These variables result in victims of sexual harassment avoiding disclosing their sexual trauma: "the survivors' recollection of the assault, anxiety, injuries experienced during the rape, absence of proof of physical harm, alcohol/drug usage before the violence, self-blame, as well as the victim's association with the offender (Winters et al., 2020)." "Furthermore, survey research has shown that some college women fail to disclose assault or sexual coercion since they are unsure whether the event constitutes sexual harassment or are confused about how to disclose the incident (Orchowski & Bhuptani, 2022)." Other female victims have stated that the school community lacked knowledge and alternatives, or they feared that the crime was not important enough to require people's attention and did not want to be a bother. "Women are more likely than men to disclose sexual trauma to an acquaintance instead of close relatives or college authorities (Reich et al., 2021)."

Additionally, an essential link between disclosure trends and the type of attack that occurred with the sexual trauma survivor has been discovered. "The severity of the violence has been proposed as a factor in determining whether the perpetrator admits the encounter (Reich et al., 2021)." This means if a perpetrator admits that what they did sexually to someone without permission was wrong or if they justified their reasonings for their actions. "Individuals

who knew the assailant were far more likely to disclose the incident. If an individual has medical assistance, they are also much more inclined to disclose (Reich et al., 2021).”

### **Victimization Categories and Their Consequences**

The above sections discussed the incidence of sexual harassment in colleges and universities, the challenges of reporting, and the characteristics that increase the likelihood of victimization to focus on identifying the implications of harassment. This subsection reviews the consequences of generalized trauma before moving on to the experiences of sexual assault survivors.

### **Consequences of Generalized Sexual Abuse**

Victimization has been linked to various cognitive, physiological, bodily, and societal outcomes. Psychological trauma has been identified as one of the most harmful repercussions of violent victimization. “After such an encounter or persecution, victims frequently experience a variety of adverse emotional and psychological impacts, including despair (Sigurdardottir & Halldorsdottir, 2021).” According to research, traumatic sexual assault and persecution are painful occurrences with temporary or long-term consequences for the sufferer. “Stress, nervousness, post-traumatic stress disorder (PTSD), suicidal ideation, addiction, avoidant conduct, problems with the ego, guilt, fear of violence, poor quality of life, social exclusion, disengagement, and social disadvantage have been identified as indicators (Sigurdardottir & Halldorsdottir, 2021).” These consequences can be felt for several generations after the abuse.

According to a recent study by Brown et al. (2019), the impacts of sexual assault can be classified into physical, psychological, and cognitive components. The physical consequences of dating violence are broad, including nausea, trembling, shivers or shivering, lack of cohesion, irregular heartbeat or heart palpitations, increased blood pressure, migraines, sleep difficulties, abdominal discomfort, dizziness, decreased appetite, and

frightened responses. The emotional impacts are anxiety, worry, remorse, grief, melancholy, sadness, wrath, impatience, indifference, confusion, forsaken, loneliness, and desire to retreat or hide. Finally, “the mental impacts are slowed cognition, bewilderment, vertigo, memory issues, intrusive recollections or recollections, nightmares, lack of concentration, and difficulty passing judgment (Brown et al., 2019).”

### **Consequences of Sexual Victimization**

“Victims of sexual violence or sexual assault suffer the same harmful consequences as survivors of many other kinds of violent crimes. However, sexual assault cases are being reported to have more harmful impacts (Pinchevsky et al., 2019).” According to Pinchevsky (2019) Victims of sexual violence face a range of physical, psychological, societal, and psychological implications following their trauma. The sufferers' conduct, physical well-being, social competence, psychological health, and feelings are all affected.

### **Behavioral and Emotional Consequences of Sexual Assault**

Following sexual trauma, victims report elevated levels of dread, anxiety, melancholy, and PTSD, as well as low self-esteem, social issues, and sexual problems. Survivors also undergo significant behavioral and emotional alterations (Kash, 2019), which prompt anxiety, despair, separation anxiety, dread, post-traumatic stress, restlessness, and a desire to deal with the trauma of their incident. Furthermore, “victims of sexual violence have an elevated incidence of melancholy and distress compared to non-sexual assault victims (Kash, 2019).” It has also been discovered that individuals who have not had appropriate support or recovery interventions can experience disturbances in their attitudes, personality, and physiology that result in harmful coping skills, including drunkenness, substance misuse, self-harm, disordered eating, and even mortality.

De la Rie et al. (2021) discovered that victims of sexual trauma frequently suffer emotions of remorse, inadequacy, lack of control, and self-image modification. These have

been linked to anorexia nervosa and sexual misconduct conditions. Some individuals lose their appetite because of the trauma, whereas others find mental consolation in consuming excess food. Some who feel uneasy may, in need for power and control over their bodies, restrict and rigorously control their food intake through anorexia or bulimia. "The sense of total control over what nourishment enters and leaves their bodies gives them a sense of safety (De la Rie et al., 2021)."

Notably, over half of female victims think that gaining weight or becoming overweight would reduce their chances of being repeatedly victimized. Weight fluctuations are used as both a compensatory and protective mechanism. Tullio et al. (2021) linked victims' self-esteem issues to feelings of filth, horror, and unhappiness with their bodies and their sense of attractiveness. "Furthermore, sexual assault attacks and trauma significantly impact the survivors' self-esteem, self-image, and identity. These issues have been linked to anorexia nervosa, unhealthy dietary abnormalities, and metabolic syndrome (Tullio et al., 2021, p.1)".

Ullman (2021) showed that PTSD and alcohol consumption are common in sexual abuse victims. Victims embrace alcohol as a coping technique to erase memories of the trauma they endured. They abuse drugs and other banned substances as coping techniques. Victims with only one dysfunctional coping technique are far more inclined to seek help from a professional to manage the trauma. However, individuals with poor co-occurring coping skills are less inclined to seek professional guidance. Ullman also showed that among victims with unfavorable co-occurring psychological functioning, those with PTSD and excessive drinking are significantly less likely to talk to a professional. "The psychological and emotional impacts of sexual abuse can severely influence the surrounding well-being of female victims (Ullman, 2021)."

### **Physical Consequences of Sexual Assault**

Studies have examined the physical consequences of rape and sexual assault; the evidenced side effects are insomnia, appetite change, tiredness, migraines, muscular tension, pelvic inflammatory disease, nausea, weakened immune system, and diminished libido (Jamil, 2020). A survey by Rivara et al. (2019) also found that inflammatory bowel disease, chronic stomach pain, non-ulcer dyspepsia, psoriatic arthritis, and pelvic inflammatory disease are all often related to sexual assault. Furthermore, these authors discovered that patients who had been sexually abused experienced more exhaustion, migraines, back discomfort, respiratory difficulties, difficulty breathing, and poor sleep.

Other research has discovered a link between rape/sexual assault and muscle strain and back discomfort. For instance, Arizmendi (2018) discovered that victimization can significantly impact an individual's body position, facial gestures, and communication. He also discovered that trauma significantly impacted his patients' brain plasticity, development, and identification. The neural responsiveness state shift reduced their neuronal identification and reflective practice. He linked his patients' postural alterations to their psychological discomfort and proposed that the body transmits pain in the psyche (Arizmendi, 2018).

In Reinhardt et al.'s (2020) study on the cognitive and emotional impacts of sexual trauma, they found numerous physiochemical changes inside the body following sexual abuse and rape. They also discovered that after a sexual attack, victims experienced muscular tension, chiropractic difficulties, scoliosis, and spine curvature. They specifically looked at the molecular changes in the brain following sexual trauma, finding that due to the trauma experienced, toxins remained in the tissue due to alterations in the victims' neurotransmitter levels following the sexual abuse. Secretions that persisted in the system were discovered to majorly impact the brain. The neurochemical abnormalities were verified to be the cause of

their patient's poor disposal routine and brain fog following their attack (Reinhardt et al., 2020).

Despite our present understanding of the repercussions of rape and sexual assault, more progress is needed, especially since most of the research outlined in the previous section mainly focused on the general community. Since college-aged women are by far the most prone to being victimized, it is critical to examine the effects that may be particular to this age category.

### **Consequences of School Sexual Victimhood**

Sexual trauma, like other types of traumas, can substantially impact college women's behaviors, feelings, physiological body, health, interpersonal skills, and academic studies (Horvath & Brown, 2022). These consequences are discussed in the following section.

#### ***Emotional and Behavioral Alterations***

Bigras et al. (2020) found that fear, shock, confusion, melancholy, anxiety, and social withdrawal, which are all established behavioral or emotional impacts of rape and sexual assault on women, have been reported to be comparably expressed by college-aged perpetrators. Rape and sexual assault experienced by college women have been linked to changes in behavior. Some women who have been sexually abused have gone on to develop socially anxious tendencies, social phobia, fear, and humiliation (Bigras et al., 2020).

Bigras et al. (2020) investigated avoidant tendencies among survivors of various types of sexual trauma when examining the effects of sexual trauma on the conduct of college female victims. They found that of women who experienced unwelcome kissing or touching just above the waist, 37% managed to avoid their abusers, 33% made a report to their colleagues, 20% managed to keep the occurrences to themselves, 7% made a report to a law enforcement agency, and 3% engaged in further dialogue with their offenders. For women who had also been sexually abused through inappropriate touching below the waistline, 46%

kept the occurrences a secret, 24% ignored their attackers, 21% informed their colleagues, 5% submitted a report to the authorities, and 4% participated in further discourse with their abusers. Of the women who originally initiated the sex or engaged in forced consensual sex, 49% kept the occurrence a secret, 31% avoided their attackers, 16% told their peers, and 4% continued a conversation with their abusers. However, none reported the encounter to the law enforcement agencies (Bigras et al., 2020).

“Rape negatively influences the personality of the collegiate female victim and alters her perception of herself and how she perceives the rest of the world (Horvath & Brown, 2022).” Following sexual harassment, a survivor’s subjective and somatosensory equilibrium shifts, resulting in disordered eating, anxiousness, severe pain, adversely altered consciousness, chronic depression, substance abuse use, self-harm, suicidal behavior, difficulty sleeping, post-traumatic stress, and withdrawal or cognitive deficits in community and personal relationships (Horvath & Brown, 2022). According to Corcoran (2023), 20% of college women consider suicide soon after a committed assault. Furthermore, the physical harm sustained during a sexual attack has been linked to depression among college women, and evidence has revealed that female college victims of committed sexual trauma have greater concentrations of sadness and anxiety compared to conventional assault. Coercive sexual assault, incapacitated sexual trauma, and narcotic impairment have all been linked to an elevated risk of depression and PTSD in college women. Other reported behavioral changes among sexual assault survivors include irresponsible behavior, sexual predation, excessive drinking, alcohol misuse, an upsurge in sexual encounters, changes in how they dress, and alterations in their schedule (Corcoran, 2023).

### **Extent of Sexual Trauma Impacts on Academic Performance**

Sexual violence has been shown to significantly impact many types of women worldwide. No matter how long ago the sexual trauma occurred, it can still affect women in

their adulthood and give them reoccurring memories of the trauma. Shors et al. (2018) found that the collection of memories continues to impact the person, often influencing the occurrence of PTSD-related symptoms.

This literature review explored the long- and short-term effects of sexual abuse/rape in adult women of all races. It explored how the relationship between the victim and perpetrator can show the emotional impact of the trauma. The literature review included the symptomology of the assault and how it can affect a survivor's daily living activities. In the final summary of the literature review, there was a review of the prevention, intervention, and educational strategies associated with helping women overcome and seek help for the historical or current sexual abuse they experienced. The aim was to explore and gather information to demonstrate the need for further research on the effects of unresolved sexual abuse in adult women of African American and Caucasian populations.

Mental health is always a concern when it comes to sexual trauma, whether the trauma is from childhood or adulthood. Mental health problems that occur after sexual trauma can depend on the severity of the assault and the support received after it. Some women may not report the assault out of fear of rejection or of being blamed; therefore, the severity of the mental health issues can increase. As stated by Yuan et al. (2006), "According to the American Psychiatric Association, the diagnostic criteria for PTSD include exposure to a traumatic event that invokes intense fear, helplessness, or horror and a range of symptoms, such as reoccurring recollections or dreams of the event" (p. 2). When it comes to adult distress, it happens more often when an adult has experienced sexual trauma. Adults use coping strategies that are not necessarily healthy, such as drugs or promiscuous activities.

Women of all races, ethnic backgrounds, religions, sexual orientations, and even women with disabilities experience sexual trauma. Yuan et al. (2006) stated that the immediate effects can include shock, and the "immediate distress may include disbelief,



panic, anxiety, confusion, and social withdrawal” (p. 1). Women experience detachment issues and flashbacks, which can cause a lack of concentration and disorganized thinking when it comes to academic learning or daily living activities. Women with more control over their recovery and healing can experience less stress.

Another long-term effect that is often not discussed is intimacy problems in relationships after experiencing sexual trauma. Several research articles have discussed why sexual trauma affects relationships and reported four main issues. “The first is hypersexuality, which is having repeated sexual encounters as a means of coping (Gewitz-Meydan & Godbout, 2023).” The second is difficulty trusting, which reflects a fear of being unsafe and having had one’s trust violated during the assault. The third is the avoidance of intimacy, which is simply avoiding sex and emotional connection. The fourth is outbursts of anger related to hypervigilance and mood swings arising from past trauma.

“After sexual trauma, women experience a lack of purpose, identity disturbance, and feelings of self-blame and do not understand who they are. Self-mutilation and self-destructive behaviors also occur after sexual trauma, which causes women to suffer from intimacy issues (Gewitz-Meydan & Godbout, 2023).”

Understanding how the brain responds to trauma is highly important as it gives others insight into why an assault victim cannot finish their academic studies, stay in employment, or stay in an intimate relationship. Bremner (2022) stated that brain function and structure and neurological mechanisms of memory can be affected by traumatic stress. His research showed that women who experienced sexual trauma expressed different emotional and cognitive processes that affected their academic learning and chances of successfully finishing their education. The flight or fight response is often activated after a stressful event such as sexual trauma, as the woman often thinks about protecting herself and avoiding further harm. Traumatic events cause a person’s brain to enter a heightened state of awareness

and be flooded with a stress hormone called cortisol. Processing new information or having organized thinking is not possible when this occurs, which can be viewed as a lack of emotional regulation, where people cannot effectively manage their emotions (Bremner, 2022).

### **Key Concepts: Age of Exposure to Long-Term Effects**

Sexual assault can be a hard topic to discuss, especially considering the age range in which it often occurs. Typically, the age range for rape is from 12 to 45 years; however, molestation and abuse can occur at an earlier age (Jefferson County Sheriff's Department, 2017). Research has shown that if women experience child sexual abuse, then they are at a higher risk of mental health issues than women who experience abuse in adulthood. If left untreated, the effects can be highly damaging and have long-term effects on a woman's overall life. Every 92 seconds (about 1 and a half minutes), a person is sexually assaulted. Thus, one out of every six women is a victim of an attempted or completed rape in their lifetime. Victimization has no age range, which, unfortunately, is the biggest issue (Jefferson County Sheriff's Department, 2017).

Celebrities have discussed experiencing sexual trauma in childhood or adolescence and how it affected their lives in adulthood. For example, the talk show host and broadcaster Oprah Winfrey (1954–present), who experienced molestation and rape, had a baby by a family member and lost it. She discussed the depression and suicidal thoughts she had before she sought help and met the right people to get her to where she wanted and needed to be.

Moreover, writer and activist Maya Angelou (1928–2014) was raped in her younger years and wished death upon her rapist. Her rapist was murdered, so she blamed herself, and she remained silent for years. Her silence, however, made her begin writing, making her the success she was.

Such stories show that women can overcome the struggles and emotions behind sexual trauma. However, other stories and videos, such as documentaries, show that women cannot overcome their sexual trauma. The U.S. TV show *My 600-Pound Life* follows the lives of morbidly obese individuals who experienced trauma, which caused them to overeat to cope instead of seeking psychological help and support. The women on this show discuss how they dropped out of school, feared being judged and not believed, and gained excessive weight, which also caused them to be embarrassed.

Children who experience trauma and adults with a history of trauma can develop chronic or recurrent physical and mental health problems. Some adults experience traumas in both their childhood and adulthood, which can cause additional mental and emotional problems. Trauma experts have shown that early trauma (i.e., in children) can have a more detrimental effect than trauma experienced later in life because of an individual's resulting lack of capability to organize their thoughts and responses to traumatic events and experiences.

### **Academic Learning**

Concentration and organized thinking are critical for the learning environment. Learning requires focus and sustained attention. Unfortunately, trauma can cause the opposite of what is needed in an educational environment and setting. The average healthy range of the automatic nervous system is altered when sexual trauma occurs. Survivors of sexual abuse/rape can experience many difficulties related to life in general, but the thesis and this section focuses on academic learning. As Trickett et al. (2011) identified, sexual assault has a significant negative impact on student's academic achievements in universities as measured by GPA and graduation rates. "On college campuses, the rates of sexual assault and attacks are high for all races. Specifically, the rates are high for Black, Hispanic, and White females (Trickett et al., 2011)."

Another problem often researched and discussed is how alcohol is related to sexual assault, especially among college students. Research has shown how alcohol can cause a woman not to be in a suitable state of mind. Some women blank out and cannot remember what occurred the night before. Consumption of alcohol can occur for both the survivor and the perpetrator.

Often discussed by college students are parties and date rape drugs being slipped into women's drinks. Alcohol often allows others to try and blame the survivor; however, no matter how intoxicated a person is, it does not give the perpetrator the right to sexually assault and violate their rights. A loss of concentration, confusion, and disorganized thinking can occur for college students who must try and return to their academic studies after experiencing sexual assault. Certain smells, identifying someone who looks like the perpetrator, and specific conversations are triggers for individuals who are healing and trying to move forward from experiencing sexual violence.

What if adults with learning disabilities are subject to sexual trauma? They are effectively given a double-edged sword to battle. Suppose a woman is already struggling to finish her education because of a learning disability. In this case, trauma could cause her to shut down entirely and not have the ability or capacity to finish her academic learning.

COVID-19 had a considerable impact on students' academic journeys. Individuals had to learn how to transform from face-to-face learning to a distance learning education. Individuals who stayed home and completed their education experienced anxiety, loss, distraction, adjustment, and balance. More research is needed to determine how this impacted academic success and emotional support and how we should engage with digital literacy and educational interventions.

Women (as well as men) also had to worry about their finances and employment during the COVID-19 pandemic, which meant balancing multiple stressors and coping with

the uncertainty of what would happen during the pandemic. COVID-19 can affect the lives of others in many ways. It can cause many individuals to become ill, family members die, job loss, losing homes, financial insecurities, and long-term health consequences. Another question about academic learning is how instructors can become trauma-informed, which can support individuals who have experienced trauma, past or present.

### **Symptomology**

Everyone's story is different when it comes to sexual trauma, but it is essential to understand that all traumas can cause psychological and emotional disturbances. Tonsing et al. (2020) stated that an associated symptom of sexual violence is self-blame. This symptom affects coping mechanisms, making adjusting more difficult (Tonsing et al., 2020).

Depression is another primary symptom associated with feelings after sexual violence, which can have both long- and short-term consequences. Another mental health problem that can occur after sexual assault is anxiety, which is defined as feelings of worry, unease, and nervousness. Imagine worrying about being attacked again by the same person or someone new or imagine fearing leaving the house or going anywhere alone. These are common symptoms and feelings women experience after being sexually assaulted (Tonsing et al., 2020).

PTSD often occurs in women after sexual assault and can have psychological and sociological effects on their lives. Symptoms of PTSD can include reliving the event, avoiding reminders such as conversations or places, and having negative thoughts and beliefs about the self and the world. "A woman who has been sexually assaulted also experiences high levels of distress, which can cause fear, anger, guilt, anxiety, and sadness, sometimes all on the same day (Bigras et al., 2020; Trickett et al., 2011)." Physical symptoms experienced in women after sexual violence include body aches, fatigue, flashbacks, headaches, insomnia,

and nightmares. Other symptoms include gynecologic disorders, immune disorders, joint pain and arthritis, and sexual dysfunction.

Common outcomes often discussed regarding sexual violence and PTSD are intrusive thoughts, repeated unwanted memories, and increased arousal, which involves being easily startled and having trouble falling or staying asleep. Sexual violence can also cause women not to want to be sexual or intimate for months or sometimes years after the assault has occurred. Self-esteem issues can occur because of the lack of self-love after sexual trauma (Bigras et al., 2020; Trickett et al., 2011), which can be related to how individuals feel about themselves and consider themselves “damaged goods” after being sexually assaulted.

Reviewing articles and cited research shows that the family environment and supportive responses from family and intimate partners may improve mental health functioning in trauma survivors. Symptoms in women vary depending upon the specific trauma that occurred, whether the woman has previously experienced trauma in the past, as well as other factors. There is a risk of developing mental health problems such as maladaptive beliefs, lack of control, and negative life experiences because of sexual trauma.

Survivors of sexual trauma often feel shame, guilt, denial, minimizing, as well as boundary, trust, safety, and isolation issues. Shame and guilt often occur when a survivor thinks the assault was their fault rather than blaming the offender. They may believe they are imperfect, dirty, or permanently flawed (Bigras et al., 2020; Trickett et al., 2011). Denial means not facing the entire truth regarding the sexual trauma that occurred, and minimizing is a coping strategy whereby survivors try to compare their trauma to someone else's. Boundary issues arise from not understanding how to set boundaries with others, which can cause inappropriate trust in others, especially as trust has already been lost with the sexual assault, especially if it was by someone the survivor knew.

After sexual trauma occurs, women find it difficult to trust anyone. Safety issues arise because the survivors' sense of safety has been altered, and they feel isolated because they feel like they cannot trust others. They perceive they have no support or fear of being judged or ridiculed, so they isolate themselves (Bigras et al., 2020; Trickett et al., 2011). Several other symptoms or issues can occur that can cause additional stressors.

### **Conceptual and Theoretical Framework**

This study aimed to provide data on how sexual trauma affects adult academic learning. The first objective was to understand the different types of sexual trauma and abuse that occur, including sexual assault, rape, abuse, stalking, harassment, child and adult abuse, molestation, sex trafficking, and child pornography. The second objective was to examine the links between sexual trauma, academic performance, and other problems associated with a lack of academic success. For example, if a person was already experiencing socioeconomic status problems, then sexual trauma could cause additional stress.

Sexual trauma can be defined in many ways, but an essential characteristic is eliminating the victim's choice. The term "sexual trauma" is often used interchangeably with other sex crime terms related to forcible rape, attempted rape, statutory rape, and sexual harassment (Bigras et al., 2020; Trickett et al., 2011). Feelings of sexual trauma can include helplessness and hopelessness. Some women feel guilty and think they could have done something differently or something to stop it. Adult victims often fear telling anyone out of fear of nothing happening or not being believed. "Some adult women still suffer from thoughts and feelings related to child sexual abuse, which in turn affects their adult behaviors, including academic learning (Trickett et al., 2011)." Women who have experienced sexual trauma have to cope with the adverse effects that occur after the trauma. For example, they must endure rape kits to gather evidence or DNA to catch the perpetrator, which can take months or years.

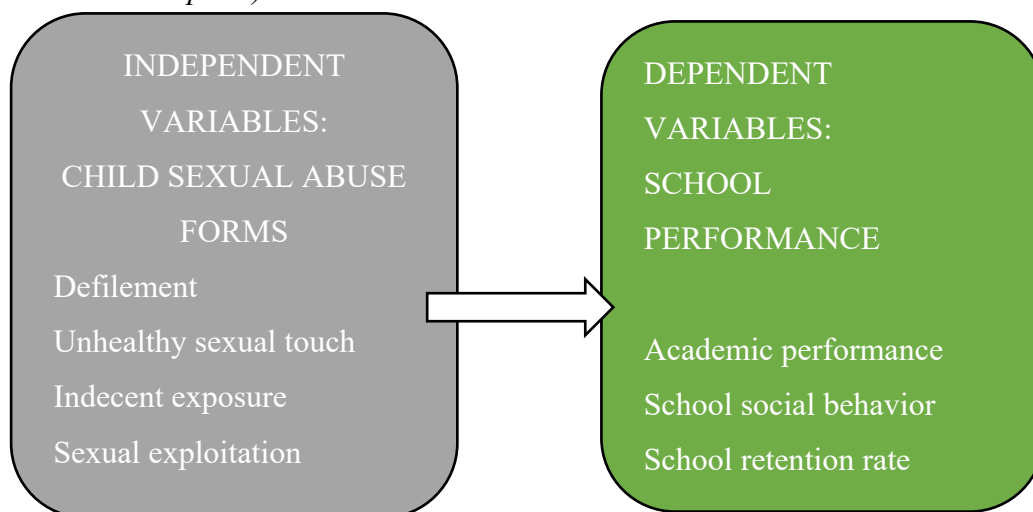
Sexual abuse can occur with a partner, a stranger, or a family member, and each situation can result in different feelings and emotions related to the incident. The timeframe for healing and moving forward can also be different for each woman because each situation is unique to that woman. Nerum et al. (2021) stated that rape of an adult leads to problems, including anxiety, depression PTSD, sexual dysfunction, eating disorders, and sleep issues.

Most research focuses on children who have been abused and the maltreatment that has occurred. Less research exists on adults who have experienced maltreatment and abuse and how they were unable to finish school, experience weaker reading abilities, and are unable to concentrate on their learning. Therefore, more research is needed on specific cognitive and reading-related processes (Ferrara et al., 2022).

### Figure 1

*Conceptual Framework for the Effect of Child Sexual Abuse on School Performance*

*(Author's Conception)*



### Key Controversies and Debates

Sexual trauma is a common and severe daily crime in the United States. However, despite the increased reporting, the conviction rate for the perpetrators of rape is persistently low. The way society views rape victims, and rape in general, is the cause of so many women



not reporting the crime. Another controversial aspect is how society views victims who withdraw from a legal rape case because of fear of being judged and disbelief in others.

### **Research Gap**

Sexual violence violates women's rights and is an ongoing health issue for women. However, without the legal system, support, and health services offered to victims, the victims cannot get the help they need. Current research has limited research on this topic. The existing research has a consensus regarding the need for additional research.

### **Research Design and Methods**

Within this research design was qualitative and involved in-depth interviews and a short demographic screening survey with seven women of African American and Caucasian descent. The researcher first gathered materials from scholarly articles, papers, and books related to the research topic to inform the materials and information needed for this research. The interviews were semi-structured, and the screening interview included open-ended questions. Among the best practices for interventions for the treatment of sexual trauma, the most beneficial treatments are motivational interviewing and cognitive behavioral therapy. The interviews occurred during Summer 2023. They were informal and open-ended and carried out in a conversational style. The interviews were audio-recorded, and field notes were written with them. All the recorded and written data were saved on a password-protected flash drive and computer file.

### **Aims and Objectives**

This study aimed to understand the elements that cause a woman to show low academic performance even years after experiencing sexual trauma. I strove to provide accurate information and research on how sexual trauma affects women physically, mentally, and academically. The women were encouraged to be open about their traumatic experience

and how it affected their performance in school so I could help them find resources for support.

### **Practicalities and Obstacles**

The study followed a qualitative research approach, using interviews as the primary method. It involved a preliminary descriptive examination of the perceptions and experiences of adult women who attempted or finished their education after experiencing sexual trauma. It was limited to seven participants because of the time constraints involved in interviewing and data analysis. Qualitative research involves ethical considerations because it introduces unique moral and ethical problems due to the unstructured nature of the interviews, the tone of the conversations, and the interactions between the researcher and participants. Informed consent must be obtained from the participants and the research site, if relevant. Often, qualitative studies are more challenging to analyze because they do not fit into the standard categories of research. Because the selection for the study is often purposely identified as a small sample, this raises issues of generalizability to the whole research population.

### **Implications and Contributions to Knowledge**

This study sought to significantly benefit the community and potentially the world in understanding the importance of increasing support for those who were sexually assaulted to allow their continuation to educational success. This research contributed to the sexual violence research base and the support needs of the victims of sexual trauma. Although this research study focused on women, sexual violence is a human issue, which means that the findings of this study can also contribute to the wider society and the needs of men who have been subject to sexual violence.

### **Practical Implications**

Overall, the findings of this research supported the need for legal ramifications for rape and sexual trauma in women. There is a need for more trauma-informed schools and

colleges that can help individuals continue their education and success after sexual trauma has occurred. The findings can inform training programs—on anti-harassment, for example—that take a trauma-informed and care approach to promoting healing after sexual trauma. Overall, providing education and training on sexual trauma and the prevention of sexual violence in schools and colleges can help children and adults cope with past trauma and move forward in the healing process. “The National Library of Medicine conducted a study that systematically reviewed sexual assault and academic outcome studies and concluded that a significant percentage of research demonstrated a correlation between sexual assault and academic issues (Molstad., 2023).” These issues included lower GPAs, self-regulated learning difficulties, and college dropout (Molstad et al., 2023).

### **Theoretical Review**

A theoretical viewpoint is a framework or explanation tested and evaluated over time. Several theoretical perspectives, including structural functionalism, interactionism, and the conflict perspective, are highlighted in this dissertation. Theories must have some form of truth and evidence as their basis. However, ideas about sexual assault are often based on false beliefs about rape, rape victims, and rapists (i.e., rape myths and rape culture) that are often prejudicial and stereotypical. Rape culture impacts the United States at the individual and institutional levels. It affects how victims are regarded and how cultural systems treat them, including police interactions (Barnett et al., 2018). There are also theories of why men rape or become habitual rapists. However, the focus of this research was on women and theories of why people think women become victims of sexual assault. One of these theories is that “women are inherently duplicitous or constantly seek and desire sex with men. Such cognitions appear to function as vulnerability factors that, in conjunction with other psychological and sociocultural variables, are casually related to incidents of rape” (Polaschek & Ward, 2002, p. 385).

Research also states that rapists are often victims, meaning they may have been raped or molested as children or if they were incarcerated. However, these actions should not be a justifiable reason for why men become rapists. Discussions with rapists have revealed a warped sense of women's actions. They have described how they used how a victim dressed, if she let them buy dinner, and other dating behaviors as sexual invitations (Polaschek & Ward, 2002). Many rapes are unreported, which makes it more challenging to assess how many rapes occur in a community.

Research conducted on college campuses has provided evidence of completed sexual assaults as well as attempted sexual assaults, meaning the women were able to fight off or get away from the perpetrator (Krebs et al., 2018). The research has also shown a link between prior sexual assault and that occurring at college: "Women who experienced physically forced sexual assault before entering college had almost seven times the odds of experiencing forced sexual assault since entering college compared to other women" (Krebs et al., 2018, p. 15).

Many incorrect perceptions exist of women who have been raped. They represent false beliefs and theories related to rape and sexual assault. Victim blaming must stop for change to occur and for victims to be more comfortable and trusting enough to call the police and make a report. Through working in the sexual assault field, I have learned that many women wait years to reveal their rape and sexual assault out of fear of judgment and concerns about how they will be viewed. Hence, the negative and preconceived perceptions regarding women as being victims of sexual assault may be self-protective functions (Hockett et al., 2018). Research has demonstrated that rape or sexual assault can have deleterious consequences during childhood and across a female's developmental stages and can cause considerable psychological and physiological stress.

Thornhill (1999) conducted a study at Harvard University examining rape as an expression of control rather than as a matter of sexuality. This study showed six hypothetical psychological rape adaptations, which included (1) a psychological mechanism linking the vulnerability of victims to the use of rape by men, (2) a psychological mechanism linking the lack of resources, causing males to have different preferences, (3) a psychological-physiological mechanism that produced changes in the ejaculate sperm count during rape, (4) a mechanism that showed specific functional designs for rape, (5) a mechanism producing differences in the arousal of males to depictions of rapes, (6) and a mechanism producing marital rape as a sperm competition tactic. However, by the end of the study, the researchers had not achieved the answers they hoped for. Studies have shown that “despite efforts by feminists to reject the biological theory and portray rape as a crime of socially constructed domination, theorists continue to put forth accounts describing men as suffering from irresistible forces that compel them to rape” (Thornhill, 1999, p. 2).

Several researchers have investigated the impact of sexual trauma on individuals. For example, Tshoane et al. (2023) discovered that most sexual harassment survivors at the University of Cape Town were alienated, humiliated, stayed silent, blamed themselves, and became restrained. Furthermore, Goldner et al. (2023) identified that the experience of sexual trauma is associated with poor performance and psychological health issues, such as anxiety, psychological trauma, frustration, suicide attempts (and sometimes fatality), stigmatization, victimization, loss of self-esteem and confidence, as well as hatred of men, sexually transmitted diseases, and unintended pregnancy. Nevertheless, none of the research examined how sexual trauma impacted female students' access to resources and amenities essential for addressing gender disparities.

The research enabled male and female university students to share their perspectives on how sexual trauma affected their educational opportunities and amenities. Encouraging

males to recognize the consequences of sexual trauma on women learners' opportunities for education and use of educational facilities should be viewed as a move toward engaging men in developing gender-friendly policies and programs. Grose et al. (2020) reported that in jurisdictions where males were included in reform campaigns, complaints of bodily violence against women have significantly decreased. Grose et al. also identified that if women were to contend with males in the public sphere, liberal feminism should advocate for socioeconomic and regulatory liberty, procedural fairness, and freedom.

Liberal feminists are concerned with issues of equitable educational programs, work and jobs, and fair access to services for men and women. They advocate equal treatment as a corrective solution. These factors suggest that it is necessary to investigate discourses about male and female students' rights and opportunities for degree coursework and complementary income sources and amenities to better understand the nature of inequalities between men and women in learning institutions. Bekar (2020), a liberal feminist, contended that the concept of authority as an unevenly and unfairly divided commodity between men and women can be utilized to explain societal disparities. Fairness can be produced by dispersing options and capabilities to be more egalitarian and to guarantee that rules and regulations are not discriminatory.

Furthermore, Taylor (2020) stated that essential organizational and structural concerns must be understood to enhance the conditions of women in organizations. This concern justified the use of formal and informal frameworks in this research, as knowledge about such concerns could aid in conceptualizing access difficulties. Taylor (2020) concurred with radical feminists that deconstructing patriarchal processes and institutions is required for any transformation. This requirement implies that for ideas and policies to evolve, the processes and institutions that control them must be well comprehended and, if required, altered.

### **Trauma-Focused Cognitive Behavioral Therapy**

Trauma-focused cognitive behavioral therapy (TFCBT) is an evidence-based therapeutic option introduced by Stermac et al. (2020) to assist children, teenagers, and their careers in overcoming trauma-related issues. This approach aims to lessen adverse psychological responses in the aftermath of childhood sexual exploitation, intimate partner violence, catastrophic loss, and other traumatic experiences. Based on intelligence and memory concepts, the treatment targets the incorrect beliefs and identifications connected to abuse while providing a supportive setting where clients are encouraged to communicate about the traumatic event. TFCBT helps parents and guardians of the abused to cope with the psychological trauma of their child and build skills to help them.

According to the American Psychiatric Association (2013), the DSM-5 is a diagnostic and treatment manual that gives several criteria regarding sexual assault.

- Criterion B: The traumatic incident is continuously re-experienced in one or more of the accompanying directions: unwelcome distressing memories, hallucinations, nightmares, psychological pain after being reminded of childhood sexual abuse, and bodily response after being reminded of childhood sexual exploitation.
- Criteria D (requisite): Deleterious thoughts and emotions that started or deteriorated after child sex abuse trauma from one or more of the accompanying directions: incapability to recall significant characteristics of the trauma, incredibly pessimistic opinions, and presumptions regarding oneself or the universe, excessive chastisement of one's individuality and other people for having caused the trauma, adverse impact, lowered interest in other activities, feeling alienated, and complexity going to experience beneficial impact.

- Criteria E (at least two required): Event-related alertness and responsiveness that started or exacerbated after the trauma, manifesting as irritation or hostility, dangerous or destructive behavior, hyperarousal, increased startle reaction, difficulties focusing, and problems sleeping. Our idea is appropriate to this research because it demonstrates the potential detrimental impacts of sexual violence on children. “It also provides methods for mitigating these consequences and provides a solid foundation for developing concrete methods to mitigate the impact of sexual assault among teenagers in the study region (American Psychiatric Association, 2013 p., 2).”

### **Resilience Theory**

The first study on resilience was reported in 1973 (Vella & Pai, 2019). The study employed epidemiology—the study of illness frequency—to identify the hazards and resilience factors that help establish perseverance. “Resilience theory does not address why abuse and exploitation occur. Instead, it addresses why adolescents and other survivors are not permanently harmed by neglect or abuse (Vella & Pai, 2019)”. Variables such as the intensity of the assault, the regularity of the abusive behavior, the victim’s age, and their link to the offender can all significantly predict readjustment after sexual assault. Furthermore, societal support, perceived parental care, and the victim’s loving relationship with a supporting adult can all impact the children’s healthy growth and prevent delinquent behavior (Vella & Pai, 2019).

A year afterward, the same team of researchers developed methods to examine systems that promote resilience growth.

In the 1970s, Emmy Werner was one of the first scientists to adopt the term resilience (Werner & Smith, 2019). Werner investigated a group of children from Kauai, Hawaii. Kauai was a poor island. Several of the children in the research had alcoholic or mentally ill



families, and many of the family members were also unemployed (Werner & Smith, 2019). Two-thirds of the children who grew up in such harmful settings demonstrated damaging behaviors in later adolescence, including long-term unemployment, drug dependence, and, in the case of teenage girls, out-of-wedlock babies. Nevertheless, the other third of the children did not engage in harmful behavior, and Werner labeled them “resilient.” Thus, adaptable people and families had characteristics that made them more able to deal with issues than non-resilient children and their families (Werner & Smith, 2019).

Some youngsters of sexually assaulted families flourish and excel in school, which has prompted scholars to investigate their solutions to such hardship. Since the concept of sustainability transitions was developed, investigators have been dedicated to uncovering the protective variables that explain a person's resilience to harsh environments, including mistreatment, devastating life situations, and urban poverty. “The emphasis of empirical research has since switched to understanding the underlying defensive mechanisms of resilience, and researchers have attempted to determine how certain elements, such as family ties, may influence positive consequences (Tonsing et al., 2020).” This idea is significant for this study because it explains how reliance may mitigate the negative impacts—such as underperformance and school dropout—of sexual abuse. Students who are safeguarded from sexual assault are more inclined to focus on their schoolwork and opt to stay in school, as predicted by the present study.

### **Summary**

Chapter 2 described relevant past research on the topic of sexual trauma and academic performance. This section has also reviewed the gaps in literature and the importance of researching and providing more up-to-date relevant information on the topic, especially in rural areas. This research provides theoretical and practical value to the field of sexual abuse and mental health, which has a significant problem regarding the reporting of sexual abuse,

lack of support, and increased mental, physical, intellectual, and emotional concerns related to such abuse. This study provides insight into what support and guidance women feel they need after sexual trauma to help them overcome the trauma and continue their education.

## **Chapter Three: Methods**

### **Overview**

According to Mezmir (2020), research methodology is a systematic technique representing the researchers' goals in answering the research topic through gathering information and interpreting and making judgments and propositions about it. This chapter introduces the research methodology for this qualitative study on whether sexual trauma can affect women's education. This approach allowed for a deeper understanding of women's experiences in the education world. It provided a way to gather information and data on how trauma can negatively impact the advanced education of women who have been sexually assaulted. The study also used a short demographic screening survey (Appendix A) with open-ended questions. The primary components of this chapter are the research design, including the methodology, study participants, procedure, analysis method, and ethical concerns.

### **Research Design**

A qualitative study is appropriate when the research aims to explain a phenomenon by relying on the perception of a person's experience in each situation. A qualitative research design is suitable for understanding relations between two or more variables (Mertens, 2010). This study examined the experience of sexual trauma and the negative impacts it has on education, which means that a qualitative approach was appropriate. The study took a phenomenological standpoint, focusing on understanding the actual real-life experiences of women who have experienced sexual trauma.

A hermeneutic phenomenological research approach focuses on lived experiences, allowing a deeper understanding and insight into how participants understand these experiences (Finlay, 2009). The qualitative aspect of the study utilized semi-structured interviews. These focused on the women participants' real-life personal experiences and how

they overcame the mental and emotional effects of sexual trauma. This approach allowed for a deeper understanding of how they dealt with sexual trauma, providing a way for them to not only share their story but develop ways of healing and growing.

Upon approval by the dissertation committee and the Liberty University Institutional Review Board, the researcher conducted a qualitative study of seven sexual trauma survivors and how their education was affected after the trauma occurred. The researcher conducted participant outreach utilizing existing network of professional contacts to include women who had experienced different sexual trauma experiences. As the experiences of sexual trauma survivors played a central role in this study, the qualitative research best aligned with the goals and objectives of phenomenology, which focuses on “seeking realities not pursuing truth in the form of manifestation of phenomena as it is in the form of life world made of interconnected, lived experiences subjectively” (Qutoshi, 2018, p. 217).

A qualitative empirical technique was critical to the success of this research project, which aimed to gather information, assess it, and make inferences regarding the actual impacts of sexual harassment and trauma originating from sexual abuse on women's educational performance. Due to the evolving nature of the education sector, the study addressed terms such as “whether,” “who,” “when,” “how,” and “what issues.” The data was analyzed via inductive analysis and sequencing, which included components and designations. Since the research issue contained a mix of social and healthcare concepts, a cross-sectional analysis was carried out to collect participants' responses over a specific period.

### **Research Questions**

This study sought to build a theory in answer to the following research questions:

- RQ1.** What are the experiences of women who were victims of sexual trauma and revictimization as adults or as a child?

- RQ2.** Are there more mental health disturbances associated with women who were sexually assaulted as children rather than as adults?
- RQ3.** Do sexual assault survivors believe that increased support assisted in their completion of academic studies?
- RQ4.** What effect does sexual trauma have on the academic learning of adults?

### **Setting**

The semi-structured interviews were conducted via Zoom. The participants were asked to also be in a secluded room similar to the researcher's room, which was a private individual room with no distractions and no other individuals. However, the participants had the right to have support in the room to help them feel more comfortable. The demographic screening survey (Appendix A) asked for the race and ages of the women participants in this study. The interviewed participants were facilitators of mental health groups and clients or prior participants of a mental health group. The staff and clients shared similar stories as they related to sexual trauma, showing how it affected education and academic leadership. They also discussed how they had to learn how to manage their feelings about sexual trauma to help clients who were healing from it. The chosen context represented a cohesive unit in an environment where individuals with shared experiences could discuss and show the neglected yet significant impact of sexual trauma on academic achievement and performance.

### **Participants**

Due to the scope of text research, viewpoints and materials were obtained from various sexual abuse victims and survivors. The sample included women currently attending school and those who had finished school with the experience of being sexually assaulted to support understanding of the impact of sexual trauma on the educational performance of women survivors. The research highlighted possible remedies and societal mitigation concepts to help solve the poor educational performance of sexual trauma victims.

The study comprised medical practitioners, mainly medical researchers from various jurisdictions such as the Institution of Learning and private hospitals that help assess sexual victims. This target population contributed to such assessments in their roles by rating sexual abuse awareness programs in school and college situations in their actual day-to-day encounters and evaluating sexual prevalence campaigns and procedures. The seven participants were recruited through word of mouth. They were sexual trauma survivors from counseling centers who were known to the researcher. The goal was to include women who were either heterosexual or homosexual. Some participants were single women, and some were married. Religion and its impact on the participants' experience were also discussed.

The participants were identified using a pre-interview participant screening interview. Participants had to be survivors of sexual trauma (i.e., molestation, reoccurring sexual abuse, or a one-time rape event) who had experienced sexual trauma as a child, teenager, or in early adulthood. The researcher sought to include and identify participants of more than one race. The researcher was to identify the seven participants who identified as having sexual trauma. The sampling procedures are discussed below.

### **Sampling Procedures**

Semi-structured interview data was collected from various individuals who had experienced the first-hand impact of sexual trauma after falling victim to sexual abuse while still in school. For such a study, quota sampling best ensures that nearly all registered respondents meet specific requirements (Miller et al., 2000). This technique allows qualitative researchers to focus on which recruited participants will demonstrate the most vital attributes and capabilities to the context, which, in this case, was the content of sexual trauma and education performance. Enrollment strategies specific to the location, culture, and individuals are then used until a certain quota is satisfied. This study's target demographic required sampling processes that collected trustworthy and accurate information while

permitting a flexible information-gathering methodology. The following sampling techniques were employed in the study.

### **Quota Sampling**

Martinez-Mesa (2016) discussed Quota sampling, or purposeful sampling, as a non-probability purposive sampling in which respondents are selected based on criteria relevant to answering one or more research questions. While the number of respondents is primarily decided by time, money, and the purpose of the study, it could change whenever a researcher anticipates how many volunteers will respond. A quota sampling strategy is best when investigators are trying to compare attributes based on corresponding preset parameters (Martínez-Mesa et al., 2016).

In this study, quota sampling was used to identify female victims of sexual abuse, healthcare personnel, a dean of students, and course professors from the same institution. The participants were chosen for their ability to provide extensive responses to semi-structured interview questions on the educational impact of sexual trauma on women who had fallen victim to sexual abuse. Below are the specific inclusion criteria for the study.

1. The participants completed high school or college.
2. The participants fell victim to sexual abuse during their school-age or college years.

Each participant was given an explicit written Information Sheet and Consent Form (see Appendix B) stating the aim of the study. All the interview responses were treated with extreme discretion to preserve the confidentiality of the data and ensure the participants' anonymity.

### **Purposive Sampling**

National institute of health (2020) states Purposive sampling involves a group of individuals for a specific research topic and study. The researcher was focused on understanding the impact of sexual trauma on academic performance in women. Therefore,

women were purposefully selected women who had experienced sexual trauma and had attainments in educational studies. Within purposive sampling, the researcher utilized homogeneous sampling to focus on women of different races within rural communities. The researcher contacted the rape victim advocacy center that the researcher previously worked for to see if any women were willing to share their stories for this research. The researcher asked permission and received consent to contact prior victims of sexual trauma.

### **Saturation Sampling**

According to Saunders et al. (2018), shortlisting is predominant in subjective health-related research. Saturation is determined by its ability to allow for the ongoing questioning of additional respondents until no additional evidence is needed. Depending on the layout of the research materials, saturation sampling limits the extent to which interpretive research immersion and the evaluation of evidence are needed. All seven exploratory and consultative participants were questioned, and the data were analyzed until no unique themes or identifiers emerged from the study. Therefore, there was no need to add additional participants to the study.

### **Researcher's Role**

The subject of sexual trauma is personal to the researcher. However, the researcher determined there would be no biases regarding research or participants chosen.

As the researcher, it was her responsibility to inform the participants chosen of the purpose of the study and the impact the research and interview questions could have on their mental health. It was also the researcher's role to conduct interviews properly according to the design and analyze and interpret the data per the design. Thus, the researcher sought to understand and follow all ethical principles and standards, treat everyone equally, and ensure that the participants understood that their participation was voluntary. This qualitative



research study required the researcher to access the thoughts and feelings of each participant involved related to the research questions and study aims.

In the researchers' teenage years, the researcher experienced sexual trauma, which affected the researcher's ability to stay focused on education and left the researcher feeling judged, depressed, and anxious. The researcher was aware of the stigma attached to sexual trauma, as some of her peers at the time did not see her assault as trauma or rape. They saw it as the researcher being promiscuous or a "whore." As the researcher became older, the researcher sought help through counseling, coming out to her parents and family about what happened, and writing a book in the hope of helping others. As a result of the researchers past sexual trauma, this allowed the researcher to have a more informed knowledge of the research context and know first-hand how society views sexual trauma. The researcher wondered if her strong connection with trauma would have a detrimental effect to her research. However, the researcher was committed to recognizing the connection between decreased academic performance and sexual trauma with no ties to her own personal background and experiences.

### **Data Collection**

Data collection is essential for understanding the target demographic. The feasibility of the data-gathering approach was demonstrated through rigorous examination of the statistical sample and the practicality of each technique. Discussion (via interviews) was the best data-gathering approach for this study since it solicited varied feedback from multiple target groups. This section outlines the researcher's data collection process and details the researcher's data analysis strategy. Additionally, the researcher discusses the process she used to test the trustworthiness and validity of her research findings upon completing this study.

Semi-structured individual interviews were conducted via Zoom, where participants were asked to be in a secluded area with no others within the room during the interview unless they felt more comfortable having support in the room while they shared their stories. All the participants received an Information Sheet and Consent Form (see Appendix B) and consented to audio recording the interview for transcription. The Information Sheet and Consent Form included a list of resources available for counseling in case the questions and interview process triggered unpleasant memories and emotions during the interview.

At the onset of the interview protocol, I began with basic questions regarding how their childhood was before sexual trauma, the things they enjoyed doing, and who they enjoyed being around. Next, the interview transitioned to the potentially triggering questions regarding the sexual trauma that occurred. Depending on the narrative given, I used a variety of questions regarding the support or lack of support they received after the trauma occurred and how it began to affect their academic performance.

### **Interview Questions**

Participants were allowed enough time to answer the questions. Each interview was allocated 45–60 minutes, and the questions were the same for each participant. The interviews were conducted via Zoom and audio-recorded for later transcription using the transcribe feature for audio-to-text through Zoom features. Below is the list of in-depth semi-structured questions in three categories (Appendix C):

#### **Opening Questions**

1. Will you describe yourself in your own words?
2. What is your current profession? And why did you choose this field?

#### **Questions Related to Sexual Trauma**

1. In what ways did your life change after sexual trauma occurred?
2. What impact did sexual trauma have on your interpersonal relationships?

3. What changes did you notice in your mood and mental health after the trauma occurred?
4. When you told someone, what made them supportive or not supportive?
5. Tell me about your education level. What helped you succeed in academic goal attainment?

### **Questions Related to Academic Performance After Sexual Trauma**

1. What changes in your behavior did you notice in school?
2. What changes in your grades occurred after the sexual trauma?
3. If your academics improved, what was the cause for the improvement?
4. If your academics did not improve, what prevented the improvement from occurring?

### **Description of Interview Questions**

The opening two questions let the participants relax while I built rapport with them. Rapport can promote feelings of being safe and comfortable, and it is highly important during interviews as it can lead to gaining trust and allowing the respondents to offer rich and detailed accounts of their experiences (McGrath et al., 2019). Sometimes, it is helpful for the researcher to know the participants already.

The second section of questions was related to trauma, which focused on the purpose of the research and outlined the type of answers needed from the research questions. These questions addressed the key components of what I wanted to research to find answers regarding the effects of sexual trauma. The third set of questions focused on how far women had gone in their education. The questions were related to their academic performance to identify whether sexual trauma had negatively impacted it, such as their GPAs (Aruguete & Edman, 2019).

### **Data Analysis**

The data analysis process was conducted in four stages. At Stage 1—the data preparation stage—the audio file for each interview was uploaded to a secure flash drive and named with the participant's first initial and last name. This information was updated as screening tools were completed, and the interviews were conducted. The interview files were then transcribed by an outside transcriber, who provided a verbatim transcription and removed all identifying data from the final transcription.

Stage 2 focused on data exploration, where I uncovered the content from the participants' interviews. This stage focused on analyzing common themes and statements from the interviews. Stage 3 focused on consistent and comprehensive data. Stage 4 focused on writing up findings, which involved interpreting how the data corresponded to the central research questions.

Sexual trauma can occur as a singular or reoccurring event. Smith and Freyd (2013) explained that sexual trauma levels are dependent on how the victim sees and experiences the trauma. Numerous forms of sexual trauma exist, such as molestation, gang rape, or rape by a stranger or someone the victim knows. I used the intersectional framework as a lens to integrate the data from the literature review and the researcher's personal experiences as a sexual trauma survivor (Hankivshy, 2011). The phenomenological approach used in this research allowed me to “find patterns and commonalities within the human experience but also uncover the central nature of sexual trauma so that others can understand the research” (Thorne, 2000, p. 69). Involving and engaging women in this study required intentional and thoughtful intersectional approaches to maximize the strengths of self-determination.

### **Trustworthiness**

Trustworthiness was established as a necessary step to ensure the results were generalizable (Connelly, 2016). Trustworthiness also helped me gain the trust and confidence

of the participants. This study had the potential to be replicated by other researchers who must trust the information provided about the study under the details of transferability. Moreover, various data collection methods were used to apply information gathered to future situations and research. Another method of monitoring trustworthiness was member checking. After the data analysis steps were implemented, the participants could check the data to confirm that the information they intended or wanted to share matched the information they provided.

### **Credibility**

This research utilized semi-structured interviews with a qualitative approach, which allowed me to gather information on a one-on-one basis from each participant. Another term used with credibility is confirmability, which is defined as “the degree of neutrality or, in other words, the extent to which the findings of a study reflect the respondents’ opinions and experiences rather than the researcher’s biases, motivations, or interest” (Kyngäs et al., 2020, p. 46). This qualitative research allowed me to gain the information for the study directly from the source, not by guessing or assuming. Having seven participants led me to collect data from different sources on the same subject or topic related to the study because triangulation was a useful method for promoting credibility within this research by using multiple sources of information or field procedures to establish identifiable patterns (Stahl & King, 2020).

### **Dependability and Confirmability**

Connelly (2016) stated that dependability is data stability, and confirmability is the degree to which findings are consistent and have the potential for repetition. The interview questions were reasonable and not misleading. A log was created before collecting the data and updated it when the data collection was complete.

**Transferability**

The study could be transferred to a new situation or context and be replicated. This transferability provided information allowing future researchers to conduct a similar study. This information also advised the readers and other researchers that the study was accurately presented and not falsified or fabricated by the researcher.

**Assumed Consent**

Participation in this research study was voluntary, ensuring the individuals were not coerced into participating. Furthermore, the Information Sheet and Consent Form (Appendix B) conveyed information regarding the study to all the participants so that they could make an intelligent and sound judgment about whether to participate.

**Confidentiality**

Confidentiality was paramount in this study. Participants were informed that no names or identifying information would be given out during this study. Confidentiality was explained during the screening process and before the completion of the Zoom interview. When this research study was published, information that would make it possible to identify a participant was not included. Once the interviews were transcribed, the audio tape was destroyed.

**Deception**

Deception was strictly prohibited. Hence, all the reasons for and purpose of the research were clarified to avoid misinformed reactions. Moreover, the intended audience was carefully selected.

**Ethical Considerations**

As the researcher, I ensured that the research participants were not subjected to harm during this research, from screening to the semi-structured interviews. Respect was given to each participant involved in the research, and safety was prioritized as the top concern. Full

consent was obtained from all participants before the study, and their privacy and protection were ensured. The recordings were saved on a confidential flash drive and stored in a locked box at the researcher's home. The demographic screening interviews were stored on a password-protected computer and saved on a confidential flash drive. I anonymized any personal and identifiable information so that it could not be linked to any other data by someone else.

### **Summary**

This section reviewed the research methods used to respond to the research questions. A description of the methodology, study participants, information gathered, and data analysis highlighted how successfully the research was conducted and how everyone collaborated. The overall methodology chapter detailed the methods for creating the interview structure and how the evidence was cross-referenced to confirm the legitimacy of the responses. The instrument development and validation approach revealed how and where to integrate and correlate participant replies to generate inquiries for the theoretical model.

The experiences of the women who experienced sexual trauma and how it affected their academic performance were examined utilizing a qualitative hermeneutic phenomenological approach. This approach allowed me to understand their lived experiences of sexual trauma. This research design yielded real-life information as it was experienced and seen, which allowed me to collectively place the participants' experiences together to create a collaboration of information among them. The procedures were outlined and handled professionally and ethically. Informed consent was collected from each participant to establish trustworthiness within the study. I reviewed the participants' rights, informed their consent to participate in the study, and took necessary safeguards to ensure confidentiality was maintained for each participant. Next, Chapter Four presents the research findings, demonstrating how the strategy outlined in this chapter was executed and affirmed.





## **Chapter Four: Findings**

### **Overview**

This study's purpose was to understand the impact of sexual trauma on women's academic performance. This chapter provides background from seven participants who shared their lived experiences of being sexual trauma survivors and how it affected their overall well-being, especially within their educational system. This chapter describes each participant and discusses the data from their shared experiences. Each participant was given a pseudonym name to maintain confidentiality. The participants answered the interview questions via Zoom video and understood that the interviews were being recorded for transcription.

### **Purpose Statement and Research Questions**

This dissertation utilized a phenomenological study to discover and understand the impact of sexual trauma on women's continuing education and academic performance. This study primarily targeted women of different races who live in rural areas and have experienced sexual trauma. The following research questions guided the researcher in providing a framework for this study:

RQ1: What are the shared experiences of women who were victims of sexual trauma?

RQ2: Are there more mental health diagnoses and symptoms associated with women who were sexually assaulted as children rather than as adults?

RQ3: Do sexual assault survivors believe that increased support assisted in their completion of academic studies?

RQ4: What effect does sexual trauma have on women's interpersonal relationships?

The research questions utilized in this study were to gain more understanding and awareness of real-life experiences pertaining to sexual trauma and education. Answers from the participants appear within this study from a thematic perspective.

### **Participants**

Seven participants were chosen for this study from individuals in the community, and a participant flyer was posted in various community areas and on social media. Interested participants contacted me via email for confidentiality purposes. To qualify to participate in this study, the participants had to be over the age of 18, sexual trauma survivors, and high school or post-secondary education graduates (e.g., an associate or bachelor's degree).

#### **Sally Sue (Sally Sue)**

Sally Sue was a 37-year-old African American female in the middle-class economic bracket. She was married with three children and expressed that it was her second marriage. Sally Sue began the interview by indicating that she was not working but was looking for employment. She provided insight into her employment challenges, expressing a belief that her difficulty in retaining jobs stemmed from underlying emotional trauma that she had yet to confront through therapy or medication.

Reflecting on her childhood, Sally Sue described a period marked by typical experiences of friendship, laughter, and carefree enjoyment. While reflecting, she felt a sense of safety and security during those formative years, blissfully unaware of any looming threat to her innocence. She explained in more detail how she felt safe because she was not paying attention to being watched or someone waiting to take her innocence as a child. She stated she did not remember exactly how the first incident of trauma occurred:

She [my mother] thought I was angry with the new man. She did not consider anything I told her as valid. My mom thought I was using this as a tactic to reject her new-found love. I felt devastated. Just imagine, your own mother being so blinded that she can't see what her only daughter is trying to tell her.

Sally Sue expressed feelings of isolation, guilt, and lack of support after telling her mother about the incident. During the interview, she reported telling another family member,

who called the police and filed a report, but nothing was done afterward. She reported a lack of trust in others after the sexual trauma and the negative impact it has had on her friendships and current marriage. She said, "I feel that no one listens to women these days—assault, insults, and denial everywhere."

After high school, Sally Sue attempted to work toward her bachelor's degree, but her mental health started to become unstable because she was holding the emotions of the traumas. She reported that she attempted counseling but felt that the therapist was not the best for her, so she never went back because she felt that the therapist did not understand her experiences or provide the support she needed. Based on Sally Sue's expression, the therapist might have lacked empathy because he failed to create a safe space for her to express herself fully. This issue further reinforced her sense of isolation and distrust in seeking help. She felt invalidated and dismissed by the therapist's responses, which exacerbated her feelings of guilt and lack of support. As a result, Sally Sue withdrew from counseling, feeling like it would not be beneficial.

Sally Sue explained the experience of counseling as "just not the right fit. I felt I should have some connection and understanding with the therapist. Instead, I felt interrogated versus helped." She was diagnosed with PTSD and depression. She reported that her PTSD stemmed from having multiple rapes and how certain songs, smells, and images reminded her of her sexual trauma. She had been taking medication for her mental health but no longer took it. She stopped due to feeling stigmatized or judged for relying on medication to manage her mental health.

Additionally, Sally Sue expressed that she encountered barriers in accessing consistent healthcare and difficulty in affording medication. As such, the cessation of medication could also be influenced by a desire to regain a sense of control over her life or a belief that she could manage her symptoms without pharmacological intervention. In the end,

she opened too many issues arising in her life. Some examples Sally Sue gave were issues with relationships, trust, and feelings of rejection if men did not have sex with her. Sex gave her thoughts that if she did not have sex with a man, then she would not be loved or given anything like gifts or affection. She stated, "The interview helped me release many negative emotions. Hopefully, this will enable me to seek counseling, and I hope I could go back to working toward my bachelor's degree."

### **Susie Ann (Susie Ann)**

Susie Ann was a 48-year-old African American female in the middle-class financial bracket. She had been married for 2 years and was a certified substance abuse counselor at a private-sector mental health and substance abuse agency. Her highest level of education was an associate's degree. Susie Ann had no children but had several miscarriages and one stillborn child. She described herself as timid, fearful, and anxious all the time.

Susie Ann described her experience of sexual trauma as being an unknown term, implying that she might not have recognized or acknowledged her experiences as instances of sexual trauma. This lack of recognition could have stemmed from various factors, including societal stigma, personal shame, or a lack of education about what constitutes sexual trauma. Susie expressed that she did not know what rape or sexual trauma was because these terms were not talked about or said in her family. In her head, she thought if someone had sex with her, they were her boyfriend, not her molester.

Susie Ann's sexual trauma occurred through a cousin. She explained that her grades dropped after the sexual trauma occurred, but she went to counseling later and ended up earning her associate's degree. Susie Ann stated she told her mom when the sexual trauma occurred, and she was told not to say anything and to let it go. She reported feeling hurt and neglected because she explained her feelings of being hurt and neglected because her mother

should have believed her, but she did not. Instead, her mother swept it under the rug and moved on with her life.

Susie Ann described challenges from a lack of support and the ability to trust others. She shared poignant insights into her struggles, notably grappling with profound trust issues, particularly concerning men, which have impacted her marriage. She candidly expressed a persistent concern about potential harm from her husband, indicating the pervasive nature of her anxiety.

Diagnosed with anxiety and PTSD, Susie Ann disclosed her current use of medication to manage anxiety symptoms, although she clarified that she was not currently medicating for her PTSD. She described how certain sensory triggers, such as specific songs, television shows, and scents, evoke vivid recollections of her traumatic experiences, highlighting the enduring impact of her past trauma on her daily life. Susie Ann stated,

I feel and hope sharing my story can help others tell theirs and be able to become free.

I feel I'm in a better space in life to be able to open up about things that can help us overcome challenges and have a more peaceful life.

### **Ann Marie (Participant 3)**

Ann Marie was a 42-year-old African American female who was unmarried and did not have children. She identified as a gay female, which meant she was attracted to and dated women and had no interest in dating or being with a man. She stated that she was molested several times but discussed an incident that occurred when she was age 8 by her aunt's husband. She reported not being able to tell her mother and feeling that things were not done or handled the way they should have been because the police were not called, and nothing was reported. She felt neglected and treated like nobody because there was a rapist still out there, still married with kids, not taking responsibility for his actions.

Ann Marie reported that certain movements and statements men made could be a trigger. She reported not attending family events or gatherings because she would have to see the perpetrator, her step-uncle. She reported that she has distant relationships with her cousins because of the trauma.

Ann Marie had PTSD and obsessive-compulsive disorder. However, she reported not taking medication. She had attempted therapy in the past, but it was unsuccessful. She stated, "It did not align with what I felt I needed; I felt more judged than helped." I asked her about the specifics of her therapy experience to learn more. Susie Ann elaborated on her past attempts at therapy, emphasizing that they fell short of meeting her needs. She expressed feelings more judged than supported, indicating a lack of alignment between her expectations and the therapeutic approach she encountered.

Educationally, she had finished high school and earned a bachelor's degree. She wanted to pursue her master's. However, she was still emotionally damaged and hurt by the sexual traumas that occurred, which was blocking her from achieving additional educational goals. Ann Marie made this observation:

Every time a partner becomes overwhelming or excessively sexual with me, it brings about the thought of the past traumatic sexual experience. It moves from what's supposed to be a period of enjoyment to a period of trauma. It feels as if I am reliving that moment again.

Ann Marie reported being put in a behavioral class after the sexual trauma occurred, which focused on providing coping skills, emotional regulation techniques, and support for individuals dealing with the aftermath of traumatic experiences. She explained that a behavioral class was for students who acted out, talked too much, or had physical altercations occur. She tried to be a comedian to avoid crying and being bullied by others. After

graduating, she worked as a qualified professional for a mental health and substance abuse agency.

Ann Marie was currently applying to start a sociology master's degree program. She stated she would focus on social work but also wanted to do a counseling program. When asked what was helpful now versus when her sexual trauma occurred as a child, she explained,

Having my mom's support is the best thing and being able to talk to her without feeling judged, misunderstood, or pushed away has been very helpful in my healing process. I learned during family therapy that my mom experienced sexual trauma as a child.

Furthermore, Ann Marie offered,

I know that I'm not alone. Knowing that there are millions out there who identify as LGBTQ but can now share traumatic experiences that have occurred both with straight or queer individuals, regardless of stigma, has given me much hope. I know that I can rebuild my life in this modern world.

When asked about sharing her traumatic experiences, she stated:

The process of healing was extremely difficult for me. The limited sense of a supportive LGBTQ-friendly environment made it extremely difficult to share experiences at first. But, knowing there are people out there ready to support me has helped me open up to some.

#### **Mary Ann (Participant 4)**

Mary Ann was a 35-year-old Caucasian female who was unmarried and was not in a relationship at the time of the interview. She had no children and worked as a legal aid assistant for a law firm. Mary Ann reported that she was in her 20s and in college when her sexual assault occurred. She knew the perpetrator. She reported this as the first rape and not experiencing any sexual trauma as a child. After the sexual assault occurred, she went to the

hospital and received a rape kit. However, her rapist was not charged, and no trial occurred. Nevertheless, she was assisted by a rape victim advocate who was supportive and helpful in the process:

I told my family and a few close friends, and they were very supportive and helpful during the court process and legal proceedings. The perpetrator is currently in prison for murdering his grandparents, so that's essentially karma. My good friends, as well as my family, also helped me start the healing process.

When asked what changes she noticed in her mood and mental health after the trauma occurred, Mary Ann stated,

I was diagnosed with PTSD after the trauma, and my anxiety and depression became so severe I had to drop out of college 1 or 2 weeks later. Unfortunately, I found it extremely difficult to concentrate in class or focus when I was reading. And I started isolating myself, which isn't all that great for my academic life when we have group projects and whatnot. I am still on psychiatric medication and currently in counseling.

When asked what triggers she still had from the sexual trauma, Mary Ann said, "I have triggers from the trauma, like loud noises or being approached or touched suddenly by a male."

When asked if sexual trauma has had any impact on her interpersonal relationships, she stated,

Yes, it has affected my interpersonal relationships. I find it hard to be in an intimate relationship because I must prove myself. I lost all interest in sexual intimacy. I also find it difficult to trust a man or let my guard down again and allow myself to love and move forward. Currently, I have no interest in going back to school to complete my bachelor's degree. I want to focus on enjoying the simple pleasures of life and take each day as it comes.



**Judy (Participant 5)**

Judy was a 45-year-old Caucasian female who was engaged to be married. She had two children but reported having a distant relationship with them because of her past drug use. She did not work and was on disability. She had several medical ailments, including Bell's palsy and chronic obstructive pulmonary disease, so she had to use a breathing machine. She became a certified nursing assistant after finishing high school. She wanted to become a registered nurse and enrolled in school but never finished due to medical conditions.

Judy reported that she never sought help for her past trauma. Her trauma began in her early years, starting at 8 years old. It was her stepfather who was the perpetrator. She reported, "My mother would pimp me out to him and other men for drugs." When asked what changes she noticed in her mood and mental health after the trauma occurred, Judy said,

I became isolated in school, and my teacher put me in a behavioral class because of my behavior and my failing grades. I actually told some of my teachers about what was going on. A few of them had noticed the changes in my mood and behavior.

When asked whether her teachers were supportive, Judy stated,

They called child protection services, which came to our home. But they didn't do anything. They didn't care to remove me from that home. In fact, they sent me right back into the hands of my abusers. I lost all trust in social services. I feel the system failed me, and it continues to fail me. Thankfully, I was able to seek counseling and treatment in my 30s, and that went well for a while. I was diagnosed with PTSD, depression, and anxiety before I turned to drugs and alcohol to cope. During that time, I was raped again, now as an adult, after getting heavily intoxicated. I didn't report it or tell anyone about what had happened.

When asked what triggers she still had from the sexual trauma, Judy reported,

The trauma still affects me. I get triggered by certain smells and noises. I often relive the experiences and see images of my abusers in my mind. Sometimes, it gets so bad I get panic attacks and even vomit. I saw one of my abusers sometime back and got so startled I wet myself. As for the effect on my interpersonal relationships, I find it hard to trust anyone, and I have a fear of being touched, even when the person is well-meaning. I'm also very easily startled, and I prefer my significant other to ask for permission before touching me. On the bright side, I'm currently better than I have ever been, even with all my medications. For one, I am clean and sober, and I have a great significant other. My relationship with my children and family is also in a better place. I am working on being a motivational speaker to help others who are working toward recovery.

### **Barbara (Participant 6)**

Barbara was a 44-year-old divorced African American female who had three previous marriages. She had four adult children. She worked as a mental health tech and had been in the profession for over 14 years. Barbara did not intend to work in this field, but she felt that God and others stated it was her purpose, so she later began to love and find a passion. Barbara reported, "My sexual trauma occurred between ages 10 and 12 at the hands of family members. My older cousin was the first one to sexually assault me." When asked if she told anyone, she stated,

I didn't mention this to anyone until I was in my 30s and after the perpetrator contacted me on social media to discuss the trauma, he had caused me. At age 12, I was raped by another family member and was cautioned against telling anyone outside of the family. I had to keep quiet as I didn't want my father to go to jail because he was very overprotective of me.

When asked what changes in her behavior she noticed in school, Barbara stated,

My grades in school stayed the same, still average. But I could no longer concentrate or focus on class. As I got older, I was diagnosed with bipolar disorder and hospitalized for mental health problems. I was even put in an inpatient psychiatric facility. I've had a few mental health breakdowns over the last few years, but I can happily report that I'm no longer on any medication. I like focusing on spirituality now to keep me grounded and mentally stable.

When asked whether she noticed any changes in her mood and mental health after the trauma occurred, Barbara noted,

I would say there were many changes. I couldn't trust anyone, and any physical touch from people scared me. When I first got married, I was very jumpy with any touch and would just freeze up during sex and intimacy.

When asked about the impact of sexual trauma on her interpersonal relationships, Barbara reflected,

My interpersonal relationships have suffered because I couldn't trust people. At least now, I have some spiritual discernment about who is here to harm or help me. I would also say that I didn't relieve the trauma experience, but that wasn't until I was recently contacted by one of the perpetrators. He boasted about what he did to me, and that's when I began to remember and started having all these negative thoughts and dreams about those experiences. I tried my best to suppress the traumatic feelings and block them out of my memory. I would say the most challenging aspect in all this is not exactly from the lack of support but rather from my inability to believe that I could trust anyone with this dark secret of my sexual assault trauma. But, so far, I am in a better place mentally, physically and spiritually. I gave my life to God and trusted Him to take over and remove any thoughts or feelings that could be a hindrance to my well-being, and I trust that He has done that.

**Lela (Participant 7)**

Lela was a 22-year-old unmarried Caucasian female with no children. Lela's highest level of education was in high school. However, at the time of the interview, she was a senior at a Southeastern U.S. public university studying business for her bachelor's degree. Lela worked as a restaurant server, but her goal was to open her own business when she graduated from university.

When asked about her past, she reported, "My sexual trauma occurred when I was 16." Initially, she never told anyone because she felt ashamed and judged because the ordeal was caught on tape and posted to social media. She stated, "At the time, I didn't really understand sexual trauma or rape. I just knew I wanted no part of it and only understood the gravity of the situation when I was a bit older." When asked if she noticed any changes in her mood and mental health after the trauma occurred, Lela stated, "Sexual trauma really affected me. I would isolate myself. In class, I became so disconnected. I would zone out, relieve the trauma, and lose all focus on my classwork."

When asked if she noticed any changes in her behaviors in school, Lela reported, "My grades dropped, but after I told someone, the support they gave me made the weight of the trauma feel a bit lighter, and I was able to improve my grades. I found it was beneficial to tell someone and receive the support and reassurance that I desperately needed. But, I still struggled with trust issues. I couldn't open up to my closest friends."

When asked what triggers she experienced from the sexual trauma, she responded,

"I got triggered when I saw the perpetrator on college grounds or heard his name mentioned. Surprisingly, I do not relieve the trauma, and I do not experience any flashbacks, dreams, or thoughts about my past sexual trauma. Also, I do not have a mental health diagnosis or mental health concerns, for that matter. I don't participate

in therapy, and I do not take any medication. So far, I feel my life is in a peaceful place as I am pursuing my degree and focusing on my passion.

### **Interview Findings**

This study sought to examine how sexual trauma experiences caused women to show low performance in their academic studies or made them excel further in their education. During the interviews, most participants described looking for trust in others and hoped for someone to believe them as it seemed to make their trauma experience less painful to discuss or cope with. All the participants had completed high school. However, only a few continued their education with college courses or degrees. Notably, five of seven participants reported relived experiences through dreams or other triggers. The seven participants lived in rural communities and were chosen due to their responses to the demographic screening interview (Appendix A) of survivors of sexual trauma. All were adult women of Caucasian or African American descent.

The next section focuses on the themes associated with the research of this study. The subjects' words show a complicated relationship between their experiences and their performance in school when they investigated how sexual abuse affected their grades. Many of these trauma survivors spoke about how they needed someone to believe them and empathize with their experiences before they could get beyond the most horrific elements of their ordeal.

Sally Sue, a survivor of sexual trauma, emphasized the importance of trust in her journey: "Having someone believe me and trust my story made it easier to open up about my experiences. It felt like a weight lifted off my shoulders."

**Table 1***Participant Demographics*

<b>Participant</b>	<b>Age</b>	<b>Ethnicity</b>	<b>Marital Status</b>	<b>Trauma Details</b>	<b>Mental Health Diagnosis</b>	<b>Medication</b>	<b>Coping Strategies</b>	<b>Current Status/Outlook</b>
1. Sally Sue	37	African American	Married (second marriage)	Multiple incidents, primarily by mother's husband	PTSD, depression	Previously on medication	Interview helped release emotions, considering counseling	Aiming to pursue counseling and resume bachelor's degree
2. Susie Ann	48	African American	Married (2 years)	Cousin	Anxiety, PTSD	Anxiety medication	Sharing her story to help others; improved life space	Hoping to share her story and achieve a more peaceful life
3. Ann Marie	42	African American	Not married, no children	Aunt's husband	PTSD, OCD	Not on medication	Family support crucial; pursuing master's degree	Applying to start master's degree program
4. Mary Ann	35	Caucasian	Not married	Acquaintance in college	PTSD	Not currently in therapy	Interpersonal issues due to trust; not interested in further education	Focused on enjoying life and taking it one day at a time
5. Judy	45	Caucasian	Not married (engaged)	Stepfather and others	PTSD	Not on medication	Overcame addiction, working on motivational speaking	Better than ever, focused on recovery and family
6. Barbara	44	African American	Divorced (three marriages)	Older cousin, family member	Historically bipolar, hospitalized	No longer on medication	Spiritual focus for stability; suppressed trauma memories	In a better mental, physical, and spiritual place

7. Lela	22	Caucasian	Never married	Unknown perpetrator	No mental health diagnosis	No therapy or medication	Trust issues affecting her relationships; pursuing a degree and passion	In a peaceful place, pursuing degree and passion
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All participants finished high school and attempted to or complete college despite the sexual trauma. Advancing to higher education, such as pursuing a bachelor's degree, demonstrated remarkable resilience despite facing trauma, a lack of support, and distrust in others. While high school graduation is common, navigating through additional challenges to pursue advanced education underscores the individual's perseverance and determination to move forward despite adversity. For Ann Marie, school was part of her support system, as highlighted by her words: "School became my refuge; I focused more on my studies and learning to not think about the trauma." She continued attending classes while reflecting on her experience: "It was a way to prove to myself that I could overcome the past and build a better future."

The rural setting of the participants added a distinctive dimension to their experiences. Judy spoke about the challenges of seeking support in a small community: "In a small town, everyone knows everyone. It's tough to open up about something so personal when you're worried about judgment from your neighbors."

The complex interplay between traumatic experiences and scholarly endeavors was shown by recurring themes that emerged from the qualitative interviews. Trust, persistence, and the power of education to persevere through hard times were common themes in these women's lives. The following sections investigate more detail to assist the readers in gaining a deeper understanding of these fashions.

### **Theme Development**

The development of themes focused on the four research questions and was an essential component of this research that supported the investigation of the complex effects of sexual trauma on the participants. The narrative components and other data supported each theme gathered. The comments made by the participants served as strong anchors to explain and validate the findings.

#### **RQ1: Shared Experiences of Women Who Were Victims of Sexual Trauma**

The first theme, “young age experiences with sexual trauma,” was related to the special problems that these adult women who were sexually victimized as children had to navigate. This theme aligned with RQ1 about the shared experiences of women who were victims of sexual trauma. The participants’ detailed recollections, gleaned from in-depth interviews and anecdotes, created a tapestry of events that informed this theme. The enormous emotional impact of these early experiences and their long-term ramifications were shown in the quotes from participants to provide a voice to their issues.

Six of the seven participants reported that their sexual trauma occurred when they were children. These participants reported that it was someone they knew, and it confused their understanding of right and wrong regarding sexual activities. Participant one stated: “My offender was my stepfather”. Participant two Susie Ann reported “The person that would touch me was my older cousin”. Participant three Ann Marie reported “my sexual trauma was from my aunt’s husband; I wouldn’t even call him my uncle”. All participants knew their offender. Often, children trust family members because they should be the ones to protect them from predators. However, the participants in this study endured the opposite. One participant experienced sexual trauma in adulthood.



**RQ4: Effect of Sexual Trauma on Women's Interpersonal Relationships**

Qualitative evidence which was the utilization of semi-structured interviews pointed to “fear and a lack of trust in others” as a common participant experience. This theme aligned with RQ4 about the effect of sexual trauma on women's interpersonal relationships. The interview results and first-hand reports supported the trauma survivors' claims regarding how common it was to worry and how challenging it was to trust. The significance of being sexually assaulted was demonstrated in the participants' remarks. Five of the seven said that when they told someone about the trauma, they were not believed or supported. Only two reported that the person or people they told were supportive. Participant one Sally Sue stated, “I have a problem with not being touched or intimate, what I mean is if I am not being sexual, I feel ugly and wanted”. Participant two Susie Ann stated “I am startled easily, I do not like a lot of affection or to be touched without the person announcing it first, even with my husband. I have to initiate it first to feel that I am in charge.”

**RQ2: Mental Health Diagnoses and Symptoms Associated with Sexual Assault**

The third theme, “mental health concerns,” was based on past research on sexual trauma and human stories to the complex link between sexual abuse and mental health. This theme was related to RQ2 regarding mental health diagnoses and symptoms associated with women who were sexually assaulted as children. The research findings gave a personal touch by including participant quotes, offering insights into the vast spectrum of individuals with psychological issues. All seven participants reported having been diagnosed with either depression or PTSD. Six of them attempted counseling to help cope with the past trauma, while one did not seek help. Participant three Ann Marie stated, “I was diagnosed with PTSD, but I do not take medication anymore as I did not feel it was helping but more just numbing me”. Participant five Judy stated “I have been diagnosed with a lot. I have been diagnosed

with PTSD, depression, anxiety and schizophrenia. I take medication, see a psychiatrist and a therapist which are all helpful in my healing process from the several sexual traumas”.

### **RQ3: Impact of Increased Support on Academic Studies**

Using participant quotations to enhance the narrative and supplement the qualitative data, the following themes, “challenges faced from lack of support” and “challenges faced in school,” adhered to a similar pattern. These themes corresponded to RQ3 regarding whether sexual assault survivors believed that increased support assisted in their completion of academic studies. All participants reported that support would have increased their academic performance and helped them continue their education. Four participants who told someone received no support and were told not to talk about it anymore, or their experience was not believed. One participant reported having supportive family and friends when she told them, and two participants reported never telling anyone about her trauma because of who the offender was. Finally, “relived experiences” captured the recursive character of trauma by having participants discuss their struggles when memories and feelings resurfaced.

Participant one Ann Marie stated, “My family was very supportive and helpful in the process of getting help with the legal system and counseling”. Participant two Susie Ann stated, “My family was not supportive, I was told to forget about it and not talk about it again”.

The participants' views on this theme showed how sexual trauma affects people even after it is over. The significance of having various support systems such as friends, family, and pastors in place was also shown by this phenomenon. This theme was developed based on user feedback and added authenticity and complexity to the interview results.

Furthermore, the theme assisted in comprehending the myriads of ways in which sexual trauma impacts individuals. Four of the seven participants reported having flashbacks of the trauma and experiencing sexual trauma more than once. Three of the seven reported

only experiencing sexual trauma once and having flashbacks of the assault when triggered by a smell, a song, or a certain area/environment.

### **Emerging Themes**

According to Mishra and Dey (2022),

Themes are at the heart of any qualitative research approach. Emerging themes are more focused on identifying additional themes that may emerge from the data after reviewing and watching the interviews several times. Themes cannot be observed as they are perceptions, experiences, feelings, values, and emotions residing in the minds of the participants/respondents of research. (para. 1)

The data in this study were split into themes based on the research questions to represent the participants' experiences and thoughts related to the topic. After reviewing and analyzing these data, the resulting themes explained the individuals' reactions to the trauma they had experienced. At the same time as new linkages and themes emerged from the data, the multifaceted repercussions of sexual trauma on people were highlighted.

A review and analysis of the data resulted in a breakdown of the participants' responses to the trauma. Combining and analyzing the data, I identified themes and associations from the participants' responses. Theme 1 aligned with RQ1 and related to sexual trauma and the age at which it occurred. Theme 2 focused on RQ3 and the impact sexual trauma had on their interpersonal relationships. All participants reported that the trauma affected how they allowed others to touch them, talk to them, or even have sexual contact with them. The final theme identified (Theme 3) was about how the participants' education changed in the aftermath of the sexual trauma.

### Research Question Responses

Four research questions were developed to help guide the course of this study. These themes correlated to answer each research question. The answers given by participants were provided in detail concerning their experiences related to education and trauma.

#### **RQ1: What are the shared experiences of women who were victims of sexual trauma?**

Six of the seven participants experienced sexual trauma during their childhood. Sally Sue stated, "My trauma started at the age of 12 by a cousin," while Susie Ann reported, "My sexual trauma started at age 10, and it was my uncle." Ann Marie identified, "My trauma started at the age of 10 by my stepfather," while Mary Ann said, "The inappropriate touch started at age six." Judy offered, "My trauma started early by my mother pimping me out at age 6." Barbara identified, "My trauma started around age 10, and it was by an older cousin," while Lela stated that her first and only trauma was at age 16 at a community event by an older guy, "I wouldn't call him a friend." The answers each participant reported showed similarities in the age bracket of when the sexual trauma occurred.

RQ1 sought to highlight the common experiences of women who experienced the difficult terrain of sexual trauma. The participants' insights provided a moving glimpse into a larger narrative that resonated throughout their accounts. Notably, six of seven shared stories of sexual trauma from their early years. These alarming events occurred between the ages of 6 and 16, and the perpetrators included family members and acquaintances.

The absence of help from the families of participants' regarding their mental health issues was frequently caused by participants keeping the sexual assault to themselves. The participants reported feeling unwanted, dirty, and judged. They also said that others could not understand them. Critically, the participants still feared being the victim of another assault.

The broad scope of the participants' experiences was seen in the description of the effect of the trauma on their lives. Predominant themes appeared: loneliness, intense shame,

and a feeling that no one supported them. These feelings presented a picture of the complicated effects of sexual trauma. Additionally, the participants discussed the difficulties they had with reporting the incidents. These women described the painful experience of talking about the trauma and stressing times when they were met with skepticism or inadequate support from family members who heard about the assault.

The purpose of the research was to emphasize the participants' shared stories of early-onset trauma, emphasizing the importance of a solid understanding of the various issues involved in their experiences. Several circumstances and consequences regarding the participants' sexual trauma were used to understand the interaction between early-onset sexual trauma and the long-term effects on the participants. Recognizing this complexity is critical for developing empathy, awareness, and targeted support for survivors as they deal with the aftermath of such horrific experiences.

**RQ2: Are there more mental health diagnoses and symptoms associated with women who were sexually assaulted as children rather than as adults?**

Sally Sue reported, "I went to one therapist and was diagnosed with PTSD and depression. Certain smells and sounds still remind me of the person. I am not on medication currently," while Susie Ann said, "I was diagnosed with PTSD; I had a nervous breakdown and even went for a few days in an inpatient psychiatric hospital. I currently still take medication for anxiety." Ann Marie explained, "I experienced severe mood swings, up and down emotions, and did not seek counseling until I was in my late 20s. I was diagnosed with PTSD but never took any medication for it," while Mary Ann detailed, "I was diagnosed with PTSD, anxiety, and depression, and I currently still take medication and am currently seeing a therapist."

Judy mentioned,

I have a lot of mental health issues that stem from my trauma, the neglect from my mom, and the situations she put me in. I was diagnosed with schizophrenia, PTSD, anxiety, and depression. I currently take medications and am in therapy.

Moreover, Barbara reported,

I was diagnosed with bipolar, but when I became saved, I stopped taking medications and felt that God had taken that diagnosis away from me. I also did therapy in the past but now have a spiritual counselor at church.

Lela explained that she “did not feel valid and isolated myself, dealt with depression and fear of trusting others but never went to be put on medication or see a therapist.” Thus, the sexual trauma left her lost and confused, not knowing who to trust or talk to. All seven participants reported some form of mental health concerns; however, only six of them attempted therapies in the past and are currently in therapy.

RQ2 examined the mental health diagnoses and symptoms linked with women who were abused sexually as children versus those abused as adults. The participants' stories weaved a rich tapestry of events, offering insight into the psychological consequences of sexual trauma. Across the various accounts, a common theme was that mental health struggles were a part of every aspect of the participants' lives. For instance, Sally Sue, Susie Ann, Mary Ann, Judy, and Barbara all disclosed that they had PTSD, anxiety, and depression. These participants reported that they knew they had some type of mental health problems but were never able to address them as children because, in their homes, mental health and counseling were not talked about and were never really thought of. Most counseling and diagnoses participants received were in their adulthood. Indeed, the medical conditions developed from these women's traumatic experiences demonstrate the severe impact of sexual assault on mental health.

The participants' mental health stories appeared to be influenced by their age at the time of trauma. Three of the participants with early-onset sexual trauma, Sally Sue, Susie Ann, and Barbara, stated that the sexual trauma had caused various mental health problems. However, Lela, who was 16 at the time of her sexual trauma, battled depression and had trust issues but did not pursue formal therapy. These stories demonstrate the complicated relationship between sexual assault and later mental health issues. The rate of PTSD and associated illnesses point out the importance of providing sexual assault survivors with mental health treatments that are fitted to their specific mental health needs.

Hence, this research contributes to a better understanding of the long-term psychological effects associated with sexual trauma. The research also contributes to the importance of thorough mental health care and support for survivors.

**RQ3: Do sexual assault survivors believe that increased support assisted in their completion of academic studies?**

The participants' narratives clarified the significant effect of sexual trauma on their academic activities and the role of support in handling these challenges. For instance, Susie Ann described her struggles with school and the lack of support she received from her mother regarding her sexual trauma. Despite these challenges, she continued her education by graduating from high school. Later, she completed an associate degree. However, she stressed the long-term impact of her mental health issues on completing her education. She stated that the lack of support made it more difficult.

Likewise, Sally Sue emphasized that support would have helped her in her education. She expressed that with support, she might have gotten help with her mental health issues, allowing her to complete her nursing degree. She stated that the lack of support from her family contributed to her addiction and life path, ending in a suicide attempt in 2018.

Ann Marie described positive support, specifically from her aunt. She stated that family therapy aided her in forming a bond with her mother, who was also the victim of sexual assault. Sharing their experiences helped. However, Ann Marie stated that the healing is still ongoing.

Similarly, Mary Ann voiced gratitude for her parents' support during legal proceedings. She stated that she still had issues with ongoing triggers. Despite the support, she could not complete her education due to the continued impact of trauma on her mental health.

A similar account was given by Judy, who faced systemic failures in receiving support after disclosing her trauma to teachers and authorities. Despite ongoing abuse, she found support later in life from her fiancé and a treatment center. However, her illnesses have hindered her ability to pursue her nursing degree.

Barbara reflected on the delayed disclosure of her trauma and her belief in divine healing. Despite finding solace in sharing her story, she acknowledged that the trauma still affected her ability to focus on her studies, resulting in an incomplete associate degree. These accounts aligned with Lacey's (2023) findings that students who experience sexual violence are at high risk for adverse academic impacts, including absenteeism, poor academic performance, and eventual withdrawal from school. Lastly, Lela highlighted the recent disclosure of her trauma to family and friends. While she was on the verge of graduating from ECU, she emphasized the importance of support in her journey, indicating that belief and encouragement from others were instrumental in her academic success as a victim of sexual abuse.



**RQ4: [OBJ] What effect does sexual trauma have on women's interpersonal relationships?**

In reviewing the responses and Zoom interviews, all seven participants shared commonalities in how sexual trauma had affected their interpersonal relationships to date, even though it occurred in their early childhood. For instance, Sally Sue recounted her experience of abuse at the hands of her stepfather, disclosing the incident to her mother, who disbelieved her. Her subsequent withdrawal from therapy left her without a support system, heightening her trust issues. Similarly, Susie Ann's disclosure to her mother was met with dismissal, contributing to her challenges in trusting others.

Ann Marie could not initially confide in her mother. She was still wary of men and avoided family gatherings because she was the victim of an assault by a family member. Although Ann Marie eventually told her mother about the sexual assault, she still had trust issues. Trust issues can be linked to invasive thoughts that are common among those with PTSD. Michael et al. (2005) stated that these thoughts may include unwanted memories, disturbing dreams, and flashbacks.

Ann Marie's experiences were like Mary Ann's. Both felt that regardless of receiving support from family and friends, they continued to experience PTSD triggered by specific situations. Similar issues for these participants included avoiding or being wary of men and trust issues. These long-term coping mechanisms can cause the victims of sexual assault to have the inability to form intimate connections and relationships, leading to isolation and difficult interpersonal relationships (Jacobsen, 2023).

RQ4 was designed to investigate the long-term effects of sexual trauma on women's interpersonal relationships, specifically the relationships between receiving support or receiving limited to no support. The participants' responses demonstrated that a complex relationship of positive and negative characteristics existed with support for sexual assault victims. For example, Sally Sue stressed the failure of her support system when her mother

doubted her. This issue caused her to lose confidence and quit therapy. Susie Ann suffered from familial silencing, which caused trust issues in her relationships.

In contrast, Ann Marie found comfort in discussing her situation with her mother, demonstrating the transformational potential of supportive relationships. Mary Ann's example showed the complexities of support. For example, despite having a strong support network, she continued to struggle with PTSD triggers.

Although the participants experienced different sexual traumas, they agreed on the role that support could have in minimizing the consequences. Most participants reported needing trust and understanding, particularly from parents. However, Mary Ann's conflicting experience revealed that support effectiveness varied based on the type and timing. Additionally, a pattern was identified regarding how sexual trauma continued to affect the participants' interpersonal interactions. The participants all described worries about affection, trust issues with men, and struggling to share or accept love. This shared impact demonstrated the long-term effects of sexual trauma on their abilities to create healthy connections.

In conclusion, this research analysis demonstrated a significant relationship between the role of support and the impact of the lack of support in determining the long-term effects of sexual trauma on interpersonal relationships. The participants' experiences highlighted the importance of extensive and nuanced support networks that account for the individual complexity of each survivor's journey.

### **Summary**

The purpose of this study was to examine the experiences of adult women who experienced sexual trauma in their lifetime, particularly during school years. Some participants experienced sexual trauma in childhood, and some experienced it during their

college years. The study attempted to show how sexual trauma can negatively impact mental health, which, in turn, can affect academic performance.

Each of the seven participants gave a personal perspective, yet they collectively showed commonalities in their answers related to schooling and support. All participants reported that having support would have eased their negative emotions and fears related to sexual trauma, and three of the seven continued their educations beyond high school after the sexual trauma occurred. In contrast, the other four discussed how their sexual trauma caused mental health concerns that prevented the continuation of their education beyond high school. While it is impossible to predict how sexual trauma will affect a person's mental health or education level, Potter et al. (2018) found that women attributed sexual trauma to decreased GPAs, increased missed classes, and low self-esteem regarding their educational abilities.

A qualitative research method was used to conduct this study and determine the impact of sexual trauma on women and their academic studies. I utilized semi-structured one-on-one interviews to collect the data. Chapter 5 further analyzes the data and presents recommendations for further research, the limitations of this study, and concluding remarks.

## **Chapter Five: Conclusion**

### **Overview**

The purpose of this qualitative study was to understand how sexual trauma affects the continuation and completion of education after sexual assault occurs. This study targeted African American and Caucasian adult females in rural communities who were victims of sexual assault. Thus, it offered valuable insights into the enduring effects of sexual trauma on women's education and their overall well-being, including the significant impact on interpersonal relationships even years after the traumatic events. The study highlighted the challenges the participants faced in maintaining successful relationships, particularly when their partners lacked an understanding of the profound effects of sexual trauma on their holistic well-being. This chapter summarizes the findings and overviews how they relate to the extant research. The study's limitations are identified, and recommendations for future research are provided.

### **Summary of Findings**

A thorough review of the experiences shared by participants resulted in information on the women's education, the support or lack thereof they received, and the sexual trauma they experienced. Previously, Table 1 included a description of the participants' education. This information is highlighted in another table at the end of the dissertation. The first theme focused on the sexual trauma experience, the age when it occurred, if it was someone they knew, and how that sexual trauma affected their interpersonal relationships. Six of seven participants experienced sexual trauma as a child, while the other was an adult. All participants reported that their sexual trauma affected their connection within interpersonal relationships, their ability to trust, and sexual intimacy while giving them a fear of others, especially men.

The second theme was related to the participants' education, focusing on how far they progressed with their education and what changes occurred in their grades during school after the sexual trauma occurred (see Chapter Four). Sally Sue stated that her grades improved after the trauma because she focused solely on academics, while Susie Ann reported that her grades dropped after the sexual trauma. She also experienced many behavioral problems, but years later, she returned to school for her master's and focused on earning better grades and a GPA. Ann Marie stated that her grades dropped in high school, so she was placed in a behavioral class due to acting out and getting into trouble; therefore, her GPA dropped.

The aim of the research was to examine if negative changes occurred after sexual trauma, such as a decrease in grades and low attendance. Mary Ann expressed that she could not finish college after the assault due to her inability to focus because the perpetrator also attended her college. However, Judy finished school and completed her certified nursing assistant classes after the assault. She reported earning good grades. Nevertheless, as an adult, Judy was assaulted more than once sexually, so she could not cope and continue her dreams of being a registered nurse.

Barbara reported that she finished high school but could not complete anything further due to a lack of support and mental health help during her attempt at pursuing a master's. Lela stated that her assault happened in high school, and she never talked about it and moved away. She reported that once she was honest about the assault, her family helped and supported her enough to continue her education and work toward a bachelor's degree. Her GPA was in the 3.0 range.

As indicated in Chapter Four, the seven participants stated that they became isolated during school, and four decided not to pursue additional academic progression after high school because of the triggers associated with their trauma. Three participants continued their education to obtain an associate's or bachelor's degree. Theme 3 focused on mental health

and mood and whether having support benefited the participants' well-being. Two participants never told anyone about their sexual trauma until recently and reported that they had supportive family and friends. Two reported having support from some family and receiving counseling. Three reported not having support and feeling judged, which caused mental health breakdowns, hospitalization, and being placed on psychiatric medication. The findings related to the research questions are discussed below.

**RQ1: What are the shared experiences of women who have been victims of sexual trauma?**

Concerning the shared experiences of the participants, a significant proportion of sexual traumas occurred during childhood or adolescence, encompassing the preteen and teenage years. This finding underscored the alarming reality that many instances of rape and molestation occur at a vulnerable stage of development when children may lack a comprehensive understanding of sexual trauma. Furthermore, the data revealed a disturbing trend wherein the perpetrators were predominantly individuals within the participants' families. This familial dynamic added layers of complexity to the trauma experienced by the victims, potentially amplifying feelings of betrayal, confusion, and shame.

**RQ2: Are there more mental health diagnoses and symptoms associated with women who were sexually assaulted as children than adults?**

The findings concerning the mental health diagnoses of these women illuminated the profound mental health implications of sexual trauma, regardless of the age at which it occurred. A significant percentage disclosed diagnoses of PTSD and depression, indicating the enduring psychological toll of such traumatic experiences. Importantly, most sought counseling or therapy, demonstrating a proactive effort to address their mental health needs. Remarkably, even among those who experienced sexual trauma in adulthood, similar mental health effects were reported, suggesting that the impact of such trauma transcended age

boundaries. This insight underscored the urgent need for comprehensive support and intervention strategies to address the multifaceted mental health challenges faced by survivors of sexual trauma.

**RQ3: Do sexual assault survivors believe that increased support assisted in their completion of academic studies?**

Five of the seven participants reported their sexual trauma to their families after it occurred; two never reported or told anyone about it until this research study. Three of the five reported the sexual trauma to the authorities or social services, but nothing came from it—no trial or arrest. These findings underscored the varied responses and outcomes experienced by these survivors of sexual trauma, which can be attributed to aspects such as the different mechanisms adopted by individuals to traumatic situations, differences in access to resources such as mental health services, the presence or absence of supportive relationships, and the differences in social attitudes toward sexual trauma.

Despite their challenges, all seven participants demonstrated remarkable resilience in their educational pursuits. Each participant completed high school with varying academic achievement beyond this milestone. However, the impact of sexual trauma on their higher education endeavors was palpable. While one participant completed her associate's degree and another pursued her bachelor's degree, one encountered insurmountable obstacles due to the offender's presence in the same educational environment. Two participants attempted to pursue bachelor's degrees but were impeded by unresolved trauma-related issues.

**RQ4: What effect does sexual trauma have on women's interpersonal relationships?**

RQ4 aimed to investigate the impact of sexual trauma on women's interpersonal relationships. The responses from participants highlighted the profound and varied ways in which sexual trauma influenced their interactions with others. All reported that their sexual trauma affected their interpersonal relationships with sexual partners and friends. They

showed a common comparison regarding fear of being touched. One participant, Sally Sue, saw sexual encounters as love, that if someone did not have sex with her, it meant they did not love her. Such beliefs explain the mental state of some victims post-sexual abuse, where they engage in hypersexuality as a compensation mechanism for the experience. In the long run, "this behavior prevents the survivors from creating meaningful relationships as these individuals strive to conceal their trauma with void instead of addressing it for healing opportunities (Jacobsen, 2023, p.1)".

Five participants reported a lack of trust in others and commitment issues, which can be explained by their past trauma and fear of being betrayed or harmed by those close to them. One participant reported that their sexual trauma caused attachment issues, so she felt a need to be loved and respected by others to feel valued. All seven participants showed similarities regarding triggers, including flashbacks, nightmares, certain music and sounds, and seeing their offenders.

### **Discussion**

It is crucial to place our results within the current body of research to delve further into the issue of the influence of assistance on academic performance following sexual trauma. This study examined how the results compared to previous studies and the experiences of women who survived sexual trauma to pursue academic objectives. Thus, psychological theories like trauma-focused cognitive therapy and social cognitive theory combined to reach beyond the personal stories in this study.

#### **Linking the Findings to the Previous Research**

According to Toffey's (2019) study on childhood sexual abuse, it brought attention to the significant impact on several aspects of schooling, including motivation, attitude, and engagement. The findings of Toffey's (2019) research contributed to this existing body of information by illuminating individuals who survived sexual trauma and showed



extraordinary resilience by finishing their schooling. In addition, this study extended beyond Toffey's emphasis on survivors' academic achievements by exploring the complex relationship between survivors' mental health and academic performance. This research shows that childhood sexual abuse had a significant effect on survivors' motivation, mood, and activity. As illustrated in one of the participant's experiences, mental health treatments were crucial for the survivors to maintain their motivation to succeed academically.

These findings show the necessity of giving survivors of sexual abuse all-around support to help them heal and lead better lives. "All-around support" refers to comprehensive assistance that addresses various aspects of survivors' needs, including emotional, psychological, social, and practical. This support acknowledges that survivors may require assistance beyond immediate crisis intervention and may benefit from ongoing support in multiple areas of their lives, including education and social interactions. Several intervention programs could provide all-around support for survivors of sexual abuse, including those that offer counseling services specifically tailored to survivors of sexual abuse and those that offer legal assistance and advocacy to sexual abuse survivors.

### **Social Cognitive Theory**

This study focused on how sexual trauma can cause long-term effects, which include problems with the continuation of education. According to Toffey (2019), "With regards to education variables, educational engagement, plans, performance, and positive feelings toward school all contributed to resilient functioning in adolescents that experienced childhood sexual abuse" (p. 39). This study showed that some participants demonstrated resilience regarding continuing their education and moving forward from past sexual trauma.

"Bandura's social cognitive theory states that learning involves a person's dynamics, environment, and behaviors (Rumjaun & Narod, 2020)". "Bandura discussed reciprocal determinism, personal factors of cognition, affect, biological events, behavior, and

environmental influences that create interaction in a threefold mutuality (Pajares & Usher, 2008).” While determinism suggests that certain actions may seem beyond our control, such as experiencing sexual trauma, resilience theory (Chapter Two) illuminates the factors that enable individuals to thrive despite adversity. This study delved into the specific elements contributing to women’s resilience and success in overcoming the impact of sexual trauma.

Research from the National Library of Medicine (2023) which is titled “Introduction to trauma” highlights a significant problem pertaining to the absence of support assistance for women who have experienced sexual trauma, which has a detrimental effect on their capacity to form relationships with other people (Chapter Four). The fact that survivors continue to struggle to form connections suggests a link between their limited support networks and this issue. “The results emphasize the need to adhere to post-traumatic support networks to promote the general health and social integration of those who have been impacted by sexual trauma (O’Doherty et al., 2023).”

When interpreting this study’s findings in light of the social cognitive model, the model depicted a greater understanding of sexual trauma and the contextual factors associated with it, including social norms, observation of behaviors, and peer influences. Through this comprehensive perspective, insights were gained regarding how sexual trauma survivors navigated their interactions with others, how they were perceived within their social spheres, and the pivotal role that supportive networks played in their journey toward recovery and resilience. This research aligned with and provided empirical support for social cognitive theory by delving into the real-life experiences of individuals and illuminating the profound impact of others’ actions on their overall life trajectories.

Social cognitive theory, comprising individual experiences, actions of others, and environmental factors, served as the theoretical framework to analyze the complexities of how these elements influence individual health behaviors (Rumjaun & Narod, 2020). The

study reaffirmed the basic tenets of the theory and applied them concretely to the lived experiences of sexual trauma survivors, demonstrating the theory's relevance and explanatory power in the context of this specific subject matter. Moreover, the findings from participants involved in this study showed that individuals can have control over changing their lives, actions, and behaviors. Whether through counseling or support, the participants demonstrated that they learned new ways of managing their emotions related to sexual trauma.

### **Trauma-Focused Cognitive Therapy**

“Trauma-focused cognitive behavioral therapies are endorsed as initial PTSD treatments (Lowe & Murray, 2014).” Five of the seven participants developed PTSD and finally sought medical and psychological help for their sexual trauma experience. This study supports the notion that sexual trauma can have mental health effects on women. Although trauma-focused cognitive therapy is a known treatment for children who have been sexually abused, after interviewing the participants, it appears that adults who are child sexual trauma survivors can also benefit from this type of therapy as it helps them address underlying issues such as cognitive distortions, self-blame, a lack of trust in others, and a fear of safety concerns.

This study contributes to the research conducted on this topic by allowing further insight into the minds of sexual trauma survivors, showing how sexual trauma affected these women's mental health, which played a vital role in the continuation of academic studies. By drawing from the findings presented in Chapter Four, this research demonstrated that the participants who were diagnosed with PTSD had short-term effects related to their academic studies. According to Molstad et al. (2023) it was found that “the experience of PTSD symptoms can be detrimental to an individual functioning. PTSD symptoms are likely to contribute to academic problems” (p. 18). Previous research had identified that academic problems after sexual trauma showed avoidance and withdrawal from others, intrusive thoughts, and sleep deficits.

### **Contributions to the Mental Health Field**

The research bolsters preexisting notions and demonstrates their practical application by demonstrating how assistance can improve the lives of sexual trauma survivors. Through detailed analysis and participant narratives, the study illustrates how specific types of support, such as counseling, advocacy programs, and social networks, can positively impact survivors' mental health, interpersonal relationships, and academic pursuits. These findings offer practical insights into the types of interventions that are most effective in promoting healing and resilience among individuals affected by sexual trauma. Living with the effects of sexual trauma is more complicated than once thought due to known resilient variables and a tangible correlation between positive mental health and academic success.

The results align with O'Doherty et al.'s (2023) findings and show that people can persevere through their problems with the help of personalized treatments and support networks, highlighting the need to take a holistic approach to treating mental health issues. For instance, the findings on the interpersonal relationship challenges faced by sexual abuse survivors, as summarized in Chapter Four, suggest that educational institutions should adopt stress-sensitive approaches catering to the emotional needs of students. By fostering a sense of security and motivation, these strategies hold the potential to enhance academic outcomes. In essence, this study contributes to the existing literature by advocating for specific reforms in mental health support and educational practices aimed at assisting survivors of sexual trauma in navigating the multitude of challenges they encounter.

### **Implications**

This section discusses the findings' theoretical, empirical, and practical implications. Empirical research has often shown how mental health professionals or physicians see how sexual trauma affects women. However, the research has lacked information and personal views of women sharing their stories describing how sexual trauma has affected them,

especially within their educational goals. This section also discusses the Christian worldview concerning sexual trauma, a perspective briefly introduced in the theoretical framework in Chapter One.

### **Theoretical**

This study was guided by social cognitive theory and trauma-focused cognitive therapy. Social cognitive theory focuses on individuals' experiences and the associated environmental factors. According to Little and Akin-Little (2019), trauma-focused cognitive therapy focuses on the mental health needs of individuals. It helps to remove cognitive distortions and learn new ways of coping with life stressors or past trauma.

The three main themes arising from this study focused on the timeframe of sexual trauma, its mental health components, and support and education for women. The participants told their true stories regarding their sexual trauma experiences, and they were allowed to understand the impact it had on their lives by hearing their stories aloud. Some participants discussed that their sexual trauma occurred from the ages of 8 to 10, while others reported being an adult or teenager. However, all discussed the importance of having support during their difficult times and how support could have changed issues in their lives. Three participants reported continuing their education and obtaining an associate's or bachelor's degree years after the sexual trauma occurred. Four participants attempted to continue their education after high school, but their mental health instability and lack of treatment and support after the sexual trauma did not allow them to complete their studies.

The participants were of Caucasian or African American descent. Although the cultures were different, the similarities of their stories showed that sexual trauma can have the same impact on women of different races, cultures, and ages. All seven participants reported similarities in knowing that support would have had a significant impact on their lives after the sexual trauma; they all felt that fear of relationships and sexual intimacy would have been

lessened and that their academic studies would have been greater if they had received full support from others. This study is important to the mental health field to help guide the understanding of the significant impact sexual trauma can have on women, including their academic performance. It can cause debilitating symptoms and feelings such as isolation, neglect, and mental health symptoms.

### **Empirical**

According to Hess (2024), empirical research is based on actual experiences rather than a theory or belief about something. The findings of this study support the current literature on the topic. In this study, the focus was on raising awareness and increasing knowledge about the impact of sexual trauma on women and their education. Through an exploration of sexual trauma and an in-depth examination of individuals' lived experiences, this research underscores the profound ramifications of such trauma on academic performance and educational attainment. It illustrates how sexual trauma can precipitate mental health challenges, for instance, through anxiety, depression, and PTSD, consequently affecting cognitive and social functioning and adversely affecting the ability to pursue education. Moreover, the study highlights the supportive mechanisms that proved beneficial and those that fell short in aiding survivors' post-trauma.

Two participants reported that they viewed sex as an act of love and an indication of being wanted after their sexual trauma. This observation aligned with the previous topic on sexual trauma, which has shown that individuals with early sexual abuse experiences may have impaired emotional development and dysfunctional emotional systems contributing to sexual issues (Leonard & Follette, 2002). Four participants reported not liking to be touched and viewed sexual contact of any kind as something wrong.

This study has several recommendations based on the key findings. First, there is a need to acknowledge the multidimensional nature of sexual trauma, given that this study shows that

the related phenomena affect survivors' mental health, physical well-being, relationships, and academic and professional pursuits. As such, it is crucial to understand the complexity of survivors' experiences and tailor support accordingly. Moreover, beyond the simple acknowledgment of the importance of support for sexual abuse victims, it is essential to develop and implement comprehensive support systems that address the diverse needs of survivors. This support includes access to trauma-informed therapy, medical care, legal assistance, and community resources to facilitate healing and recovery. Last, this study emphasizes the need to promote education and awareness initiatives that foster understanding and empathy toward survivors of sexual trauma, for instance, by integrating trauma-informed approaches into educational curricula, providing training for professionals working with survivors, such as educators, and raising awareness in the broader community to combat stigma and misconceptions.

### **Practical**

Unlike empirical implications that focus on the relationships between variables, practical implications focus on the real-world applications and consequences of the empirical findings. This study aimed to understand the real-life experiences of women who experienced sexual trauma and how it affected their educational levels and academic performance. The interview findings outlined in Chapter Four revealed a significant correlation between belief, support, and educational continuation among sexual trauma survivors. Those who found belief and support upon disclosing their trauma were better positioned to pursue their educational aspirations. Conversely, individuals who encountered disbelief or were compelled to keep their trauma concealed experienced considerable mental health challenges, hindering their educational progress.

These findings underscore the importance of providing practical and emotional support to women following sexual trauma, thereby enhancing their prospects for continued

educational advancement beyond high school. Having the support of family and friends is highly important after trauma occurs. Moreover, seeking professional help is also beneficial for learning how to cope with the mental health factors associated with cognitive distortions that come after sexual trauma occurs.

Sexual trauma is a crime that does not receive much media attention or law enforcement charges. Research has shown that conviction rates are declining, resulting in governments looking for new strategies (Larcombe, 2011). Sexual trauma is also underreported. According to two participants in this study, it is because of the lack of belief from friends, family, or law enforcement or the fear of being judged. Another reason women do not report the assault is that they were children when they were traumatized, and family members told them not to say anything and to keep it within the family. Two participants said the police and social services were called, but no charges were filed, and nothing was done to remove the victim or perpetrator from the home. Indeed, sexual trauma is not a one-person problem but a public health and human rights problem that can affect everyone because anyone can be a sexual trauma victim.

### **A Christian Worldview**

A Christian worldview was one of the theoretical frameworks briefly introduced in Chapter One. An ideal foundation for sexual trauma is presented in the Bible as rape considering reflecting on the study findings and this theoretical framework. Genesis 34:1–31 discusses Jacob's daughter, Dinah, whom Shechem raped, and Judges 19 discusses how the men of Gibeah gang-raped and murdered a Levite's concubine (English Standard Version Bible, New Living Translation, 2004). One of the laws of God in the Bible is the prohibition against forcing a woman into any sexual act against her will. The legal action that occurred within the Bible for a rapist was death by stoning. Nonetheless, the Bible does not provide guidance or understanding of how the women felt after being raped. Their feelings were a



non-factor in these biblical accounts. Thus, attitudes toward rape are diminished within the Bible.

The results of this research show that some women question God as to why he would allow rape to occur, especially when they were children. Deuteronomy discusses that if a man lies with a virgin, even without her consent, he must pay to keep her and make her his wife. Some participants in this study reported having a closer relationship with God, trusting his will and way in the plans for them, even after the sexual trauma occurred. We, as a human race, may not believe in the same religions or practice the same spiritual practices, but we must learn to reason why women lose a sense of trust or lose their faith sometimes as it relates to sexual trauma.

### **Delimitations and Limitations**

“Delimitations are parameters used to set boundaries (Say et al., 2024).” Seven qualifying participants were used in this research who responded to the prescreening. Having more participants to conduct a more in-depth research analysis can be beneficial. However, while conducting this research, the researcher noticed that semi-structured interviews with seven participants allowed for gaining in-depth information for this study.

A phenomenological research design for this study, which was appropriate based on the research questions and topic. “Phenomenological research is a qualitative method for discovering the underlying structure of shared experiences of a social phenomenon (Worthington, 2013).” The research design for this study focused on shared experiences, and within this research, the shared common experience was sexual trauma. Phenomenological designs can utilize small sample sizes and limited instruments to measure the construct of interest, in this case, because a prescreening form was utilized and Zoom interviews were used. Another shared experience was the mental health factors associated with the aftermath

of sexual trauma. A delimitation can be made to focus on specific areas within mental health. In any study that involves human subjects, there are some limitations.

This research study was based on seven participants' real-life experiences and self-reported data. The study sample size was a limitation, as was the fact that all the women were over the age of 18. The second limitation was that the researcher only used Caucasian and African American women, which could have biased the research and results. Another limitation was that no follow-up interviews were conducted to determine how the participants felt after completing the interview. Did telling their story benefit them mentally, or did it cause more harm to their mental health and well-being?

The research was also based on women in rural communities, so conducting research and interviews with women in urban areas could have also been beneficial. Furthermore, this research study focused on semi-structured interviews and provided participants with a demographic screening interview to ensure they met the participation criteria. However, no technology or instruments were utilized besides Zoom to conduct the interviews. Using more research tools in the interview data analysis could have benefited the research study, providing more knowledge about the topic.

### **Recommendations for Future Research**

Although many research studies have focused on sexual trauma and education, few have tied the two together. Some research has focused more on the trauma versus its overall negative impact on a person's mental health and their obtaining future academic goals. Encouraging the community to become more aware of sexual trauma and the impact it can have on women can be vital for their success in overcoming their trauma and moving forward in a positive direction. Depending on the woman's needs, having support can be highly beneficial, while a lack of support can be detrimental to their well-being.

Few studies have shown the detrimental factors associated with a lack of support from family and friends after sexual trauma, especially the lack of belief in the victims' stories. The research articles and discussions in this dissertation addressed the decline of women's education because of their sexual trauma. However, little research has investigated how sexual trauma can cause a decline or increase in academic performance or engagement with education.

Additional studies can help decrease the decline in mental health associated with sexual trauma. It is disappointing that there is little discussion or research on sexual trauma, especially within the educational system. It would be beneficial to know the main contributors to decreased education after sexual trauma. It would also be of value to replicate this research study in different areas, such as urban areas. Further research may also explore the benefits of social support. Further research can be beneficial for understanding the consequences of sexual trauma on academic performance in different cultures.

### **Summary**

Sexual trauma can come with emotional instability and a lack of support and understanding. Sexual trauma can affect the survivor's ability to continue education beyond high school. Four of the seven participants reported being unable to complete their education beyond a high school diploma. Two reported that they attempted to pursue further academic studies, such as an associate's or bachelor's degree. However, they could not concentrate, earned a lower GPA, and experienced self-regulating learning problems.

This study aimed to understand the impact of sexual trauma on the continuation of academic learning in adult African American and Caucasian women. Although there is research on sexual trauma and academic performance, most research has not explored the emotional instability that causes a lack of focus and concentration within the school setting concerning academic performance. The results from this study can help the family and

friends of sexual trauma survivors counsel them in the continuation of their education after sexual trauma.

Each participant shared a personal story, yet they shared similarities regarding the emotions behind their sexual trauma. Some participants reported that having the support of others allowed them to seek help, gain trust in others, and not fear for their futures. In contrast, others reported that a lack of support caused them to focus more on their academic studies, but they also lacked focus on their mental health, well-being, and state of mind.

Counseling can be a wonderful tool in the healing process for sexual trauma survivors, and counseling or education can be beneficial to families in fostering empathy and understanding of what the victim went through. It is important to not only understand sexual trauma but also the major impact that sexual trauma can have on women continuing their education. For a community to better understand sexual trauma, it must become educated on the mental, physical, and academic stressors that can arise for victims of sexual trauma.

This study can contribute to the mental health field because sexual trauma affects a woman's well-being, including biological, psychological, and social functioning. Research pertaining to the mental health effects of sexual trauma can provide more research and policies to assist the public in learning about the detrimental aspects of sexual trauma and ways to improve mental health in rural areas. Ongoing studies and research can help the community understand trauma and how to help others heal and move forward.

This study has shown that support is very helpful in healing and moving forward in the recovery process of sexual trauma. Support can include community resources, counseling, and natural and community support. This study has guided information regarding the risk factors associated with lack of support after sexual trauma can cause an increase in risk factors such as mental health, interpersonal, physical health, and academic problems. This study brought together several different real-life experiences of women from different

backgrounds to better understand the impact of sexual trauma on a woman's life. Interdisciplinary research can bring together different expertise from different studies, research, and participants to help others understand the impact of sexual trauma and how it can have negative impacts on academic studies. Although previous research has shown negative impacts on a woman's education, this research showed that women are resilient and can push through difficult situations and experiences and continue to work toward their goals of advanced academic attainment.

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### Research Schedule

**Table 2**

*Research Schedule*

<b>Research Phase</b>	<b>Objectives</b>	<b>Deadline</b>
Research Proposal	Complete Chapters 1–3	June 11 <sup>th</sup> 2023
Make necessary revisions	Revise requested chapters.	June 18 <sup>th</sup> 2023
IRB (Institutional Review Board) Application	Find sample Consent Form for participants.  Submit human subjects form to IRB.	July 15 <sup>th</sup> 2023
Schedule Proposal  Défense	Discuss with Chair—necessary steps prior to Défense.	July 28 <sup>th</sup> 2023
IRB Application	IRB Approval.	November 2023
Collect Data	Schedule interviews.  Analyze data.	November 2023
Complete Chapters 4 and 5	Submit for review.	December 2023
Submit to chair and reader for review	Make necessary revisions and resubmit.	December 2023–January 2024
Receive Final Approval by chair and committee	Submit necessary paperwork and forms.  Walk for graduation May 2024.	March 2024

**Appendix A: Demographic Screening Survey**

Please answer each of the questions with one of the response options provided.

1. Which range below includes your age?
  - A. Under 18
  - B. 18–20
  - C. 21–29
  - D. 30–50
  - E. 60 or older
  
2. What is your ethnicity?
  - A. Caucasian/White
  - B. African/African American
  - C. Spanish/Latino
  - D. Multi-racial
  
3. What is your educational level?
  - A. Completed high school
  - B. Associate's degree
  - C. Bachelor's degree
  - D. Master's degree
  - E. Doctoral degree
  - F. Other
  
4. What is your socioeconomic background?
  - A. Upper class
  - B. Middle class
  - C. Lower class
  
5. Are you a survivor of sexual trauma?  
Yes \_\_\_\_ No \_\_\_\_\_

**Appendix B: Information Sheet and Consent Form**

**Title of the Project:** Examining how sexual trauma has affected women in their education: Creating a Community of Awareness in the educational system.

**Principal Investigator:** Tyeasia Dorsey, Doctoral Candidate, School of Behavioral Sciences, Liberty University.

**Invitation to be part of a research study**

You are invited to participate in a research study. To participate, you must be 18 years of age or older, must have completed high school or college, and must be a victim of sexual trauma. Taking part in this research project is voluntary.

Please take time to read this entire form and ask questions before deciding whether to take part in this research.

**What is the study about and why is it being done?**

The purpose of this study is to raise awareness of how sexual trauma can affect women's overall well-being, including their ability to continue their educational studies.

**What will happen if you take part in this study?**

If you agree to be in this study, I will ask you to do the following things:

1. Participate in a one-on-one audio- and video-recorded interview via Zoom that will take approximately 30–45 minutes.

**How could you or others benefit from this study?**

Participants should not expect to receive a direct benefit from taking part in this study.

Benefits to society include being able to share your story with others to promote healing and gain support.

**What risks might you experience from being in this study?**

The expected risks from participating in this study are minimal, which means they are equal to the risks you would encounter in everyday life. The risks involved in this study include bringing up very traumatizing feelings and could be a trigger to reliving the trauma that occurred. If I as the researcher feel that during the interview the questions or conversation is causing psychological distress, I will terminate the interview and explain my

reasoning for not continuing with you as a participant. I will also provide a list of community support options, such as support groups and individual counselors that can be of assistance to you if needed.

### How will personal information be protected?

The records of this study will be kept private. Published reports will not include any information that will make it possible to identify a participant. Research records will be stored securely, and only the researcher will have access to the records.

- Participant responses will be kept confidential by replacing names with pseudonyms.
- Interviews will be conducted in a location where others will not easily overhear the conversation.
- Data collected from you may be used in future research studies or shared with other researchers. If data collected from you is reused or shared, any information that could identify you, if applicable, will be removed beforehand.
- Data will be stored on a password-protected computer and a password-protected flash drive. After 5 years, all electronic records will be deleted.
- Recordings will be stored on a password-locked computer and a password-protected flash drive for 5 years and then deleted. The researcher will have access to these recordings.

### Is study participation voluntary?

Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with Liberty University. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

### What should you do if you decide to withdraw from the study?

If you choose to withdraw from the study, please contact the researcher using the email address/phone number included in the next paragraph. Should you choose to withdraw, data collected from you will be destroyed immediately and will not be included in this study.

### Whom do you contact if you have questions or concerns about the study?

The researcher conducting this study is Tyeasia Dorsey. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact her by phone or email [REDACTED]. You may also contact the researcher's faculty sponsor, Dr. Melnie Boyd, at [REDACTED].

**Whom do you contact if you have questions about your rights as a research participant?**

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the IRB (Institutional Review Board). Our physical address is Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA, 24515; our phone number is 434-592-5530, and our email address is [irb@liberty.edu](mailto:irb@liberty.edu).

*Disclaimer: The Institutional Review Board (IRB) is tasked with ensuring that human subjects research will be conducted in an ethical manner as defined and required by federal regulations. The topics covered and viewpoints expressed or alluded to by student and faculty researchers are those of the researchers and do not necessarily reflect the official policies or positions of Liberty University.*

**Your Consent**

By signing this document, you are agreeing to be in this study. Make sure you understand what the study is about before you sign. You will be given a copy of this document for your records. The researcher will keep a copy with the study records. If you have any questions about the study after you sign this document, you can contact the study team using the information provided above.

*I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.*

The researcher has my permission to audio-record and video-record me as part of my participation in this study.

---

Printed Subject Name

---

Signature & Date

### **Appendix C: Semi-Structured Interview Questions**

Participants were allowed enough time to answer the questions. Each interview was allotted 45–60 minutes and the questions were the same for each participant. Interviews were conducted via Zoom and audio-recorded for later transcription using the transcribe feature for audio-to-text through Zoom features. Below is the list of the in-depth semi-structured interview questions, which are broken down into three categories:

#### **Opening Questions**

1. Will you describe yourself in your own words?
2. What is your current profession? And why did you choose this field?

#### **Questions Related to Sexual Trauma**

1. Can you tell me at what age your sexual trauma occurred?
2. What impact did the sexual trauma have on your interpersonal relationships?
3. What changes did you notice in your mood and mental health after the trauma occurred?
4. Did you tell anyone? Were they supportive or not supportive? What made them supportive or not supportive?
5. Tell me about your education level. What helped you succeed in academic goal attainment?

#### **Questions Related to Academic Performance After Sexual Trauma**

1. What changes in your behaviors did you notice in school?
2. What changes in your grades occurred after the sexual trauma?
3. If your academics improved, what was the cause for the improvement?

**Appendix D: IRB Approval Letter**

**November 13, 2023**

**Tyeasia Kiah**

**Mollie Boyd**

**Re: IRB Exemption - IRB-FY23-24-489 EXAMINING HOW SEXUAL TRAUMA HAS AFFECTED WOMEN IN THEIR EDUCATION: CREATING A COMMUNITY OF AWARENESS IN THE EDUCATIONAL SYSTEM**

**Dear Tyeasia Kiah, Mollie Boyd,**

**The Liberty University Institutional Review Board (IRB) has reviewed your application in accordance with the Office for Human Research Protections (OHRP) and Food and Drug Administration (FDA) regulations and finds your study to be exempt from further IRB review. This means you may begin your research with the data safeguarding methods mentioned in your approved application, and no further IRB oversight is required.**

**Your study falls under the following exemption category, which identifies specific situations in which human participants research is exempt from the policy set forth in 45 CFR 46:104(d):**

**Category 2.(iii). Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording) if at least one of the following criteria is met:**

**The information obtained is recorded by the investigator in such a manner that the identity of the human subjects can readily be ascertained, directly or through identifiers linked to the subjects, and an IRB conducts a limited IRB review to make the determination required by §46.111(a)(7).**

**For a PDF of your exemption letter, click on your study number in the My Studies card on your Cayuse dashboard.**

**Next, click the Submissions bar beside the Study Details bar on the Study details page.**



**Finally, click Initial under Submission Type and choose the Letters tab toward the bottom of the Submission Details page. Your information sheet and final versions of your study documents can also be found on the same page under the Attachments tab.**

**Please note that this exemption only applies to your current research application, and any modifications to your protocol must be reported to the Liberty University IRB for verification of continued exemption status. You may report these changes by completing a modification submission through your Cayuse IRB account.**

**If you have any questions about this exemption or need assistance in determining whether possible modifications to your protocol would change your exemption status, please email us at [irb@liberty.edu](mailto:irb@liberty.edu).**

**Sincerely,**

**G. Michele Baker, PhD, CIP**

**Administrative Chair**

**Research Ethics Office**

**Appendix E: Request Letter to Individual Participants**

Dear Participant,

As a student in the Community Counseling school at Liberty University, I am conducting research as part of the requirements for my doctoral degree in community counseling, specializing in trauma. The purpose of my research is to explore the negative impact sexual trauma can have on a woman's overall well-being, especially in their academic studies. If you meet my participant criteria and are interested, I would like to invite you to join my study.

Participants must be 18 years or older, must have completed high school or additional schooling such as community college or a four-year degree, and must be a victim of sexual trauma. Participants, if willing, will be asked to complete screening to ensure they meet the requirements and qualifications and this should take less than 2 minutes to complete. This screening can be done face-to-face or online. Participants will then be given a Consent Form to review and sign agreeing to participate in the study if chosen. Participation will be completely anonymous, and no personal, identifying information will be collected.

Participants who are eligible to participate in the study will be contacted via email or phone. They will then be asked to schedule a Zoom meeting time and date to complete their interview. The Zoom interview can take up to 30 minutes to complete.

If you choose to participate, you will need to sign the Consent Form and return it to me face-to-face during the interview or via email.

Please understand that there is no compensation for this study.

Thank you for your time. Do you have any questions?

If you have any questions about this survey, or difficulty accessing the survey site or completing the questions, please contact me at [REDACTED] or via [REDACTED]

Thank you in advance for providing this vital feedback.

Tyeasia Dorsey, MA

Doctoral Student

**Appendix F: Participant Profile Table**

<b>Name</b>	<b>Age range</b>	<b>Marital status</b>	<b>Socioeconomic background</b>	<b>Nationality/ race</b>	<b>Educational level</b>
1-Sally Sue	37	Married	Low income	African American	High school
2-Susie Ann	45	Married	Middle class	African American	Associates degree
3-Ann Marie	42	Single	Middle class	African America	Bachelors degree
4-Mary Ann	34	Single	Middle class	Caucasian	High school
5-Judy	42	Single	Low class	Caucasian	High school
6-Barbara	42	Divorced	Middle class	African American	High school
7-Lela	22	Single	Middle class	Caucasian	High school

**Appendix G: Summary of Themes**

Research question	Theme	Participant responses
1. What age did the sexual trauma occur?	Young age experiences with sexual trauma	<p>Sally Sue: Age 12                      Susie Ann: Age 10                      Ann Marie: Age 10                      Mary Ann: Age 6                      Judy: Age 24                      Barbara: Age 10                      Lela: Age 16</p>
2. What impact did sexual trauma have on interpersonal relationships?	Fear and lack of trust in others	<p>Sally Sue: Felt that having sex meant you loved me, wearing a mask for others.                      Susie Ann: Clinginess, wanting acceptance by others.                      Ann Marie: How I effectively communicate, always feel unprotected, and isolation.                      Mary Ann: Not being good in intimate relationships, always trying to prove self.                      Judy: Fear of touch.                      Barbara: First got married—I was jumpy with any touch, or freeze up with sex.                      Lela : Felt judged by everyone, shut off from everyone.</p>
3. What changes did you notice in your mood and mental health after the trauma occurred?	Mental health concerns	<p>Sally Sue: Quiet, became rebellious.                      Susie Ann: Diagnosed with PTSD, had a nervous breakdown, and went into an inpatient psychiatric hospital.                      Ann Marie: Severe mood swings, up and down emotions. Did not seek counseling until years later.                      Mary Ann: Diagnosed with PTSD, anxiety, and depression, on psychiatric medication, and currently in counseling.                      Judy: Shut down, diagnosed with PTSD, depression, and anxiety.                      Barbara: Diagnosed with bipolar, put on medication, and put in an inpatient psychiatric facility.                      Lela: Did not feel valid, isolation.</p>
4. Did you tell anyone? Were they supportive or not supportive?	Challenges faced from lack of support	<p>Sally Sue: Not immediately, told mom later, she did not believe me. Another family member contacted the police but nothing was done. Attempted suicide in 2018, and spent 4 days in hospital.</p>

What made them supportive or not supportive?

Susie Ann: Told my mother, was not supportive and was told to keep quiet because it was a family member.  
 Ann Marie: 1<sup>st</sup> person was aunt—she believed her but nothing was done. Told mom when I was 30 and found out my mom had been molested as a child as well.  
 Mary Ann: Told a few people including parents, they were all supportive. The perpetrator is currently in prison for murdering his grandparents so she felt that was karma.  
 Judy: Told teachers at school. DSS was called but nothing was done, they still sent me home with the abusers. Lost trust in social services.  
 Barbara: Never told anyone until now because it was a family member.  
 Lela: Told me recently as it was still affecting me, but feel that no one understands how to support survivors of sexual trauma.

5. What triggers do you still get from the sexual trauma?

Relived experiences/images

Sally Sue: If someone pulls my hair, certain words, certain movies.  
 Susie Ann: Flashbacks, certain movies, if attending a family event and the perpetrator is there.  
 Ann Marie: Hearing his name, seeing him, triggered in a certain city where it happened.  
 Mary Ann: Loud noises, men getting too close, sexual conversation.  
 Judy: Panic attacks, vomiting. If I see him, becoming startled, wet myself,  
 Barbara: Triggered by the perpetrator recently reaching out and boasting about the sexual trauma he did to her.  
 Lela: Don’t like people to come behind me, hearing his name or seeing him.

-8

*Graduate*

6. What changes in your behaviors did you notice in school?

Challenges faced in school

Sally Sue: Rebellious, increased sexual drive.  
 Susie Ann: Depression and slept a lot.  
 Ann Marie: Struggled with sexuality, fears of boys, sheltered.  
 Mary Ann: Participant did not really answer question. that flashbacks were so severe that she dropped out of college.  
 Judy: Staying to self, learned to fight.

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7. What changes in your grades occurred after the sexual trauma?

Academic performance

Barbara: Grades were pretty much still average, but my focus changed a lot, could not stay focus or concentrate.

Lela Disconnected, zoning out, relieving situation, and loss of focus.

Sally Sue: None, remained the same.

Susie Ann: [Mood] dropped tremendously, depressed, and slept a lot.

Ann Marie: Placed in behavior class, could not stay focused or deal with bullies.

Mary Ann: Nothing, grades stayed the same just social isolation.

Judy:: None.

Barbara: Grades were pretty much still average but my focus changed a lot, could not stay focused or concentrate.

Lela: Grades decreased shortly after sexual trauma but improved after telling someone and gaining support.

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