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Healing Through Connection: The Effects of Confiding After Sexual Traumas on Growth & Resilience

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Healing Through Connection: The Effects of Confiding After Sexual Traumas on Growth &
Resilience

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Abstract

Differences in prosocial outcomes of interpersonal trauma based on type, and the role of disclosure in facets of posttraumatic growth were investigated. One-way ANOVA's compared violent trauma (VT), sexual trauma (ST), and survivors of both (B), Pearson's correlations suggest relationships between confiding, coping styles, trust, and resilience. VT demonstrated greater growth than ST or B. B showed relationships with a variety coping types compared to ST and VTT, which were associated with a narrow range of strategies. Results suggest that prosocial attributes are related to trauma exposure, but extent and expression vary based on trauma type and that confiding following ST may result in unintended consequences due to how victims were received. After a 9-month story-telling and resiliency workshop, changes in a variety of growth-promoting and negative variables (i.e. PTSD, depression) were calculated and qualitative statements were collected. Presence of meaning in life decreased and trust that others are honest increased. Many variables didn't significantly change, but some negative symptoms decreased.

Healing Through Connection: The Effects of Confiding After Sexual Traumas on Growth & Resilience

Trauma encapsulates a broad range of experiences, including natural disasters, automobile accidents, loss of a loved one, violent assaults, and other experiences that may solicit high levels of fear and betrayal (Smith & Freyd, 2014). Trauma research has attempted to study and predict the many possible outcomes one may demonstrate after experiencing a trauma, although it is extremely difficult to infer causality in the majority of trauma studies, because most are non-experimental in nature. Many trauma studies utilize either correlational data or qualitative interview data; however, the strongest arguments have been formed using a multimethod approach that allows for quantitative analysis, without ignoring the lived experience of the survivor.

Posttraumatic stress disorder (PTSD) is one of the most popularly studied variables, however, a recent trend in literature has moved away from solely studying negative outcomes, and instead focuses on the possibility of growth after trauma, often referred to as posttraumatic growth (PTG; Shakespeare-Finch & Armstrong, 2010). PTG is the experience of positive change following a struggle with a trauma or other life crisis (Calhoun & Tedeschi, 2004). PTG provides positive change compared to pre-trauma, which may include a sense of increased personal strength, appreciation of life, enhanced social connections, and adjusted life priorities (Tedeschi & Calhoun, 2004).

Numerous studies have illustrated that a significant number of people *are* able to grow from trauma and adversity, using this distress as a source of positive adjustment (Webster & Deng, 2014). There are many dimensions of PTG, including constructs such as

resiliency and prosociality. Resilience incorporates the ability to adapt to trauma, tragedy, threats, or significant stressors and adversity (Connor & Davidson, 2003). It is often regarded as a multifaceted and quantifiable skill that can be “viewed as a measure of successful stress-coping ability” (Connor & Davidson, 2003). Resiliency is closely linked with aspect of PTG in some individuals and is associated with lower levels of PTSD and distress in survivors of violent trauma (Connor & Davidson, 2003). Prosociality is broadly defined as voluntary helping behaviors intended to benefit others and promote positive social interactions (van der Kolk, et al., 2005) and has been shown to increase with trauma exposure in some individuals (Frazier, et al., 2012). Facets of prosociality may include, but are not limited to: compassion, forgiveness, and trust. Prosocial traits are closely linked to aspects of PTG, and might be, to a degree, predictive of PTG trajectories (Joseph & Linley, 2008).

Importantly, not all trauma is the same. Research suggests that different types of trauma influence trends in both posttraumatic stress disorder (PTSD) and posttraumatic growth (PTG). Shakespeare-Finch and Armstrong compared growth and PTSD levels in survivors of automobile accidents, sexual trauma, and bereavement and found that the bereavement group had significantly higher levels of growth than the other two trauma types, whereas sexual trauma survivors had significantly higher levels of PTSD (Shakespeare-Finch & Armstrong, 2010).

Disagreements in literature regarding growth after an interpersonal trauma illustrate the need for more focused and specialized trauma studies. Interpersonal traumas involve forms of abuse from others, such as sexual assault and physical assaults. These traumas may require a unique lens in studying and processing them as compared to other

forms of trauma due to a frequently high level of betrayal associated with the event (Freyd, 1994). Betrayal trauma is conceptualized as occurring “when the people on which a person depends for survival significantly violate that person’s trust or well-being” (Freyd, 2008). Many forms of betrayal traumas occur during childhood, such as physical, emotional, or sexual abuse by a caretaker. Sexual traumas, especially those that occur during childhood, are particularly unique due to the high level of betrayal often associated with the experience during important developmental years. A child’s biology and cognitive processes can be greatly impacted by exposure to early trauma. For example, sexual traumas early in life can lead to higher levels of the hormone and neurotransmitter oxytocin, which may lead to problems in interpersonal relationships later in because they are formed fast and indiscriminately (van der Kolk, et al., 2005; Bellis & Zisk, 2014). Further, childhood sexual assault (CSA) has been shown to affect psychological and interpersonal functioning later in life in that quality of attachment can predict the degree of psychological distress in CSA victims and impact coping strategies utilized by victims (Shapiro & Levendosky, 1999).

Social support after a trauma has been shown to help to relieve stress and bring about a new perspective, which may explain why social support is highly predictive of PTG (Brooks, Graham-Kevan, Robinson, & Lowe, 2018). However, some studies suggest that in general, PTG is more difficult for interpersonal trauma survivors, while others have found no association. It is suggested that the potential hindrance of growth in interpersonal trauma survivors is due to the greater difficulties in disclosure many victims of these traumas experience.

Disclosure of trauma has been shown to play a major role in both psychological and physiological outcomes. Non-disclosure of trauma is a form of inhibition, which causes stress on the body's autonomic nervous system activity, which frequently leads to adverse health effects (Pennebaker, & Susman, 1988). Disclosure forces one into confronting the trauma, which allows for survivors to release this inhibition by working towards understanding, resolving, and finding meaning in the experience (Pennebaker, & Susman, 1988). However, disclosure of a traumatic experience is not always beneficial to the victim. The effects of disclosure are highly dependent on how victims are received. When received positively, sexual assault victims demonstrate greater PTG (Ullman, 2014). An experience of compassionate listening after disclosing may allow a survivor to feel heard and validated. In a peer setting, for example, the confidant plays an important role in allowing the survivor to disclose their experience, when received positively, confidants aid the victims in maintaining their everyday lives and in promoting coping, which provides greater opportunities for growth for the survivor (Orchowski & Gidycz, 2012).

Taken together, these findings demonstrate that not only do outcomes differ based on trauma type, but by whether or not victims disclosed their experience and how they were received. Few studies, however, have taken into account how *much* one confides to understand the relationship between disclosure and positive facets of growth, as well as negative symptoms. Further, few studies have looked at disclosure in a specific context, such as in a group setting. Studying disclosure in a group context is important because it may provide survivors with allies that are able to consistently positively receive the disclosure from the survivors, and because it aligns with many therapeutic options.

The purpose of this study is to examine the mechanisms through which sexual trauma survivors, especially childhood sexual assault survivors, experience growth posttrauma. More specifically, this study seeks to investigate the role of disclosure of trauma in a group setting of CSA peer survivors. It was hypothesized that after a 9-month story telling and resiliency workshop there will be a change in a variety of growth-promoting variables such as compassion, trust, and resilience. Further, it is hypothesized that the changes in these factors will demonstrate more positive facets of growth and less negative symptoms.

This study uses a multi-methods approach that integrates both quantitative self-report survey data as well as qualitative interviews. Without the qualitative support, quantitative data is de-contextualized, oversimplified, and risks inconsistencies without valid explanation between data and lived experience. This study argues that, in trauma studies, neither quantitative nor qualitative data alone are sufficient to capture the complete nature of suffering and growth (Mattar & Vogel, 2014). The qualitative data will allow for deeper investigations into outstanding questions not addressed in the surveys or questions that arise from the quantitative data.

Method

Participants

Study 1:

Participants ($N = 229$, 54.6% female, $M_{\text{age}} = 36.79$ years; $SD = 9.55$) were obtained through Amazon Mechanical Turk, where they completed a series of self-report measures as part of a larger study. Participants were also asked demographic information prior to

beginning the survey and were allowed to decline to answer any question. In this sample, 50.2% of participants identified as white, 11.2% as Asian, 3.9% as African-American, and 34.7 identified either as a different race or as mixed-race. Participants were compensated \$1.25 for their participation.

Study 2:

A volunteer sample of adult survivors of childhood sexual traumas ($N = 6$) participated in this study in conjunction with a 9-month survivor workshop. Participants were recruited from Oregon Abuse Advocates and Survivors in Service (OAASIS), an organization designed to foster healing and growth in CSA survivors. The majority of participants identify as white (78%) and are between 45-54 years old (44%).

Measures

Self-Compassion Questionnaire The 12 item Self-Compassion Questionnaire- Short Form (SCS—SF) (Raes, et al., 2011) was used in this study. This questionnaire measures 6 aspects of compassion: self-kindness, self-judgment, common humanity, isolation, mindfulness, and over-identification.

Posttraumatic Stress Short Form Checklist The Posttraumatic Stress Short Form Checklist (Breslau, et al., 1999) is a 7-item survey designed to screen for PTSD. A score of 4 is the accepted cut off to indicate a case of PTSD.

Posttraumatic Growth Inventory The 21-item Posttraumatic Growth Inventory (Tedeschi & Calhoun, 1996) measures 5 different factors of PTG including: Relating to others, new

possibilities, personal strength, spiritual change, and appreciation of life. For the purposes of this study, 9 of the 21 questions were used.

Satisfaction with Life Scale The 5-item Satisfaction with Life Scale (Diener, et al., 1985) uses a Likert scale ranging from 1 (Strongly disagree) to 7 (Strongly agree). This scale measures cognitive perceptions of one's satisfaction with their life, with interpretations scores ranging from "extremely satisfied" to "extremely dissatisfied."

Meaning in Life Questionnaire The Meaning in Life Questionnaire (Steger, et al., 2006) is a 10-item survey designed to assess the level to which one is searching for meaning in life (example: "I am always looking to find my life's purpose") and has a presence of meaning in life (example: I understand my life's meaning).

Loneliness Scale The revised UCLA loneliness scale (ULS-20) and the short form ULS-4 were combined into the 8-item ULS-8, which was used in this study. A 7 point Likert scale is used to evaluate questions such as, "I am unhappy being so withdrawn" and "People are around me, but not with me."

Center for Epidemiologic Studies Depression Scale (CESD) The CESD scale (Radloff, 1977) is a 10-item self-report measure of depression. Individuals can score up to 30, however, a score above or equal to 10 is considered depressed. This survey is not intended to diagnose depression, but to assess severity of depressive symptoms.

Rumination Scale The 22-item Rumination Scale (Nolen-Hoeksema, 2003) asks one to rate the frequency of certain thoughts on a scale of 1 ("almost never") to 4 ("almost always"). Examples of the types of thoughts measured include, "Why do I always react this way," I won't be "able to concentrate if I keep feeling this way," and "Why can't I handle things better?"

Resilience Scale for Adults (RSA) The 33-item RSA (Friborg, et al., 2005) measures 6 facets of resilience which include: Personal strength– perception of self, Personal strength– perception of future, Structured style, Social competence, Family cohesion, and Social resources.

Perceived Stress Scale The Perceived Stress Scale (Cohen, et al., 1983) contains 14 items that asks about the frequency of certain feelings and thoughts such as, “In the last month, how often have you been able to control irritations in your life?” and “In the last month, how often have you been upset because of something that happened unexpectedly?” Responses are measured on a 5-point Likert scale.

COPE Inventory The 60-item COPE Inventory (Carver, 2013) is a multidimensional questionnaire that assesses the degree to which one uses 15 different coping mechanisms.

Life Orientation Test This study used the Revised Life Orientation Test (LOT-R; Scheier, et al., 1994), a 10-item measure of optimism and pessimism.

Trust Scale The Trust Scale (Yamagishi, 1986) is a 5-item questionnaire that measures one’s trust towards others. Two sub-factors are emphasized in this scale: the view that trust is risky, and the belief that others are basically honest.

Assessment of Disclosure A 5-question survey was created for the purposes of this study to measure the extent to which participants were able to confide during the workshop and the effects the workshop had on their ability to disclose. Responses were measured on a 7 point scale. Examples of questions ask include, “To what extent were you able to disclose more to your OAASIS peers than you had previously been able to do with others in your life?” and “Do you feel more comfortable confiding in others outside of OAASIS as a result of the program?”

Qualitative Interview A 17-question interview style survey was created for the purposes of this study. The purpose of the survey was to quantitatively assess the degree to which participants confiding during the workshop period and the impact it had on their lives. Participants were allowed to write as little or as much as they wanted, or to decline to answer.

Procedures

Study 1:

Approval from the Institutional Review Board was obtained prior to data collection. Participants were recruited through Amazon Mechanical Turk where participants voluntarily participate in survey studies. Upon completing the survey, participants were compensated \$1.25.

Study 2:

Approval from the Institutional Review Board was obtained prior to data collection. Participants were recruited through the nonprofit organization, Oregon Abuse Advocates and Survivors in Service (OAASIS), a workshop program that strives to build a community of survivors of CSA and allies to promote resiliency and PTG through social support, mindfulness, behavioral shaping, and by developing an understanding of the science underlying trauma. Participants had independently decided to undergo the workshop with OAASIS, then were later voluntarily recruited to be a part of the study.

Prior to undergoing a 9-month workshop with OAASIS, participants completed an online questionnaire, which was created using Qualtrics software. The workshop program begins and ends with a retreat for introductions, storytelling, and networking, as well as a

resilience and growth workshop. The program held monthly meetings to provide tools and strategies for healing, recovery and meaning making.

After completing the workshop, participants took the same online questionnaire, with a small number of new questions designed to assess disclosure during the program. Additionally, 17 short-answer interview style questions were added to the end of the survey to gather a qualitative narrative. Informed consent was obtained from each participant before each survey.

Results

Study 1:

Participants were divided into one of three groups based on their experiences. The three groups consisted of those who have experienced a violent trauma, those who have experienced a sexual trauma, and those who have experienced both forms of trauma. A series of one-way ANOVA statistical tests were conducted to compare the means between each group for each variable of interest. It was hypothesized that there would be differences in these measures based on trauma type. There was a significant difference in self-forgiveness, $F(2, 169) = 7.604, p = 0.001, \eta^2 = 0.083$ and situation forgiveness, $F(2, 169) = 4.406, p = 0.014, \eta^2 = 0.050$, based on trauma type. Post hoc comparisons using the Tukey HSD test indicated that the mean scores for the violent trauma group (self-forgiveness $M = 29.80, SD = 8.214$; situation forgiveness $M = 29.04, SD = 8.141$) was significantly higher than the sexual trauma group (self-forgiveness $M = 24.25, SD = 7.140$; situation forgiveness $M = 24.653, SD = 8.185$), and the both group (self-forgiveness $M = 25.836, SD = 7.473$; situation forgiveness $M = 25.327, SD = 7.829$). However, there were no

differences between those who experienced a sexual trauma and those who experienced both ($p = 0.470$, $p = 0.887$; Figure 1).

A difference was also found between levels of self-compassion, $F(2, 223) = 8.637$, $p < 0.001$, $\eta^2 = 0.056$, and self-kindness, $F(2, 224) = 6.584$, $p = 0.002$, $\eta^2 = 0.072$, based on the type of trauma. Post hoc comparisons using the Tukey HSD test indicated that the mean scores for the violent trauma group (self-compassion $M = 3.197$, $SD = 0.837$; self-kindness $M = 3.438$, $SD = 1.105$) was significantly higher than the sexual trauma group (self-compassion $M = 2.708$, $SD = 0.725$; self-kindness $M = 2.859$, $SD = 0.885$), and the both group (self-compassion $M = 2.751$, $SD = 0.756$; self-kindness $M = 2.985$, $SD = 1.051$). However, there were no differences between those who experienced a sexual trauma and those who experienced both ($p = 0.512$, $p = 0.934$; Figure 2).

Analyses of variance also revealed a difference in mindfulness between the groups, $F(2, 224) = 5.098$, $p = 0.007$, $\eta^2 = 0.044$. Tukey's HSD post-hoc analyses indicated that the violent trauma group ($M = 3.833$, $SD = 0.950$) scored significantly higher than the sexual trauma group ($M = 3.458$, $SD = 0.756$, $p = 0.020$), and the both group ($M = 3.397$, $SD = 0.892$, $p = 0.011$). There was no difference between the sexual trauma group and the both group ($p = 0.893$). There was also a difference in religiosity scores, $F(2, 226) = 4.101$, $p = 0.018$, $\eta^2 = 0.035$. Tukey's HSD post-hoc analyses indicated that the violent trauma group ($M = 4.141$, $SD = 0.275$) scored significantly higher than those who reported experiencing both forms of trauma ($M = 3.059$, $SD = 3.06$, $p = 0.014$). There was no difference between violent and sexual traumas ($M = 3.443$, $SD = 0.223$, $p = 0.122$) or the sexual trauma group and the both group ($p = 0.512$).

Finally, a difference in participants' sense of common humanity was found, $F(2, 223) = 3.627$, $p = 0.028$, $\eta^2 = 0.032$. Tukey's HSD post-hoc analyses indicated that the violent trauma group ($M = 3.357$, $SD = 1.068$) scored significantly higher than the sexual trauma group ($M = 2.969$, $SD = 0.992$, $p = 0.049$), and the both group ($M = 2.933$, $SD = 0.988$, $p = 0.047$). There was no difference between the sexual trauma group and the both group. As predicted, differences in these variables were found based on trauma type.

The hypothesis that differences in outcomes based on trauma type were due, in part, to how much one confided after the trauma was tested using Pearson's correlations to relate coping mechanisms, facets of trust, and resilience with the degree to which participants' confided in others following their experience of trauma. As illustrated in Table 1, a large array of coping mechanisms were found to be associated with confiding for those who experienced both forms of trauma, but participants who reported having experienced only one of the forms of trauma reported using a limited number of coping mechanisms. As seen in Table 2, aspects of trust and resilience were associated with the degree to which participants confided posttrauma. The violent trauma group and both group demonstrated a positive correlation between confiding and the ability to trust that those close to them are predictable. Participants who reported experiencing a sexual trauma reported that the more they confided posttrauma, the less they view those close to them as dependable, the more they believe that trusting others is risky, as well as a decrease in resilience of family cohesion.

Study 2:

For each variable, an average pre-workshop and post-workshop score was computed. A series of independent T-tests were used to compare the averages of pre-workshop and post-workshop variables. As seen in Figure 3 and Figure 4, the presence of meaning in life significantly decreased from pre-workshop to post-workshop $t(4) = 4.466, p = 0.001$ and the trust that others are basically honest increased, $t(4) = -7.004, p = 0.009$. No other variables demonstrated significant change (Table 3).

A series of Pearson's correlations were computed to analyze the relationship between various variables within the pre-workshop and post-workshop survey data. In the pre-workshop, PTSD was found to be positively associated with the trust to predict the behavior of those close to them, $r(4) = 0.859, p = 0.028$, as well as the view that trust is risky $r(4) = 0.929, p = 0.007$. PTSD was also negatively correlated with the trust that others are dependable, $r(4) = -0.881, p = 0.020$. Depression was positively correlated with anxiety, $r(4) = 0.945, p = 0.004$. However, in the post-workshop PTSD was no longer correlated with trust in predictability, $r(4) = 0.704, p = 0.184$, the view that trust is risky, $r(4) = 0.00, p = 1.00$, nor the trust in dependability, $r(4) = -0.152, p = 0.808$. Similarly, depression and anxiety were no longer correlated $r(4) = 0.491, p = 0.401$.

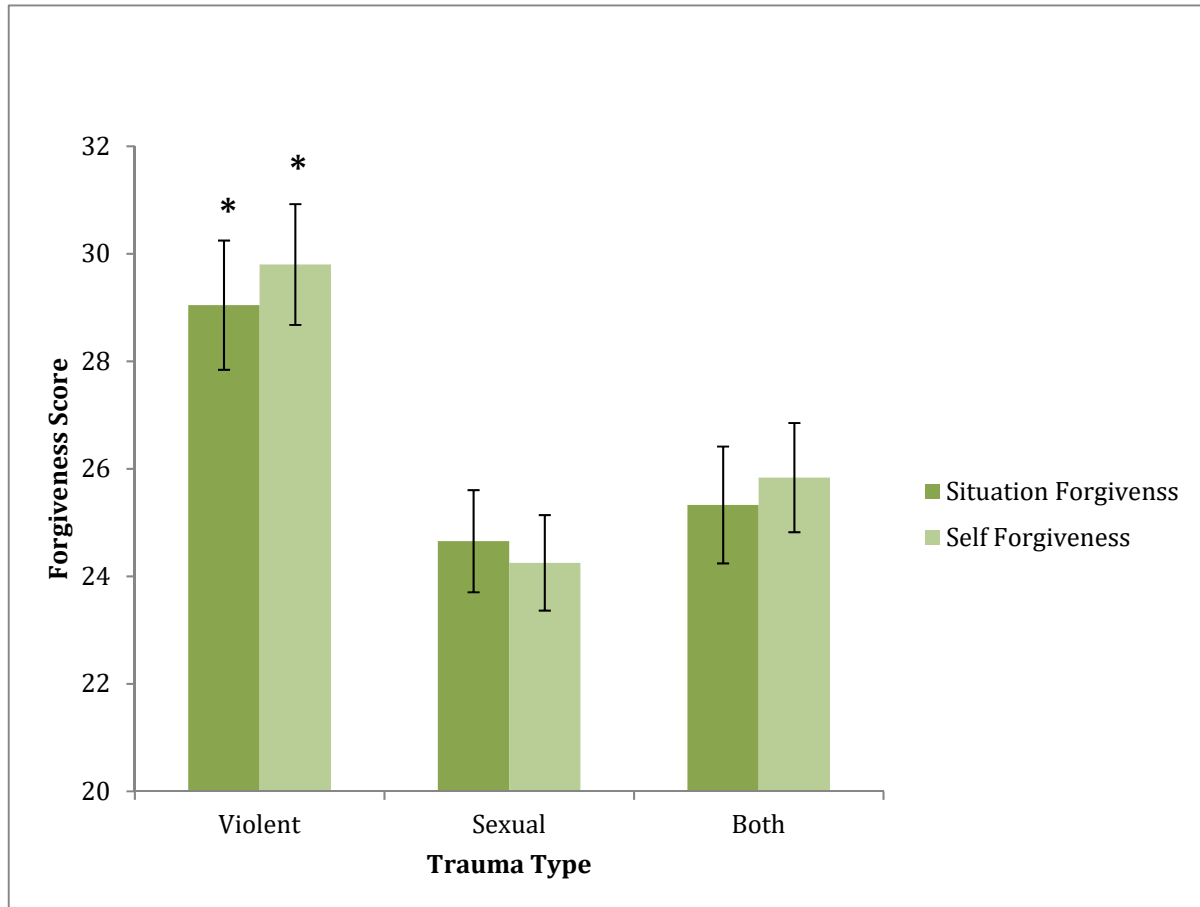


Figure 1. Mean self-forgiveness and situation forgiveness scores for violent trauma, sexual trauma, and both groups. The (*) symbol indicates a statistically significant difference compared to the other two groups. Error bars represent one standard deviation above and below the mean.

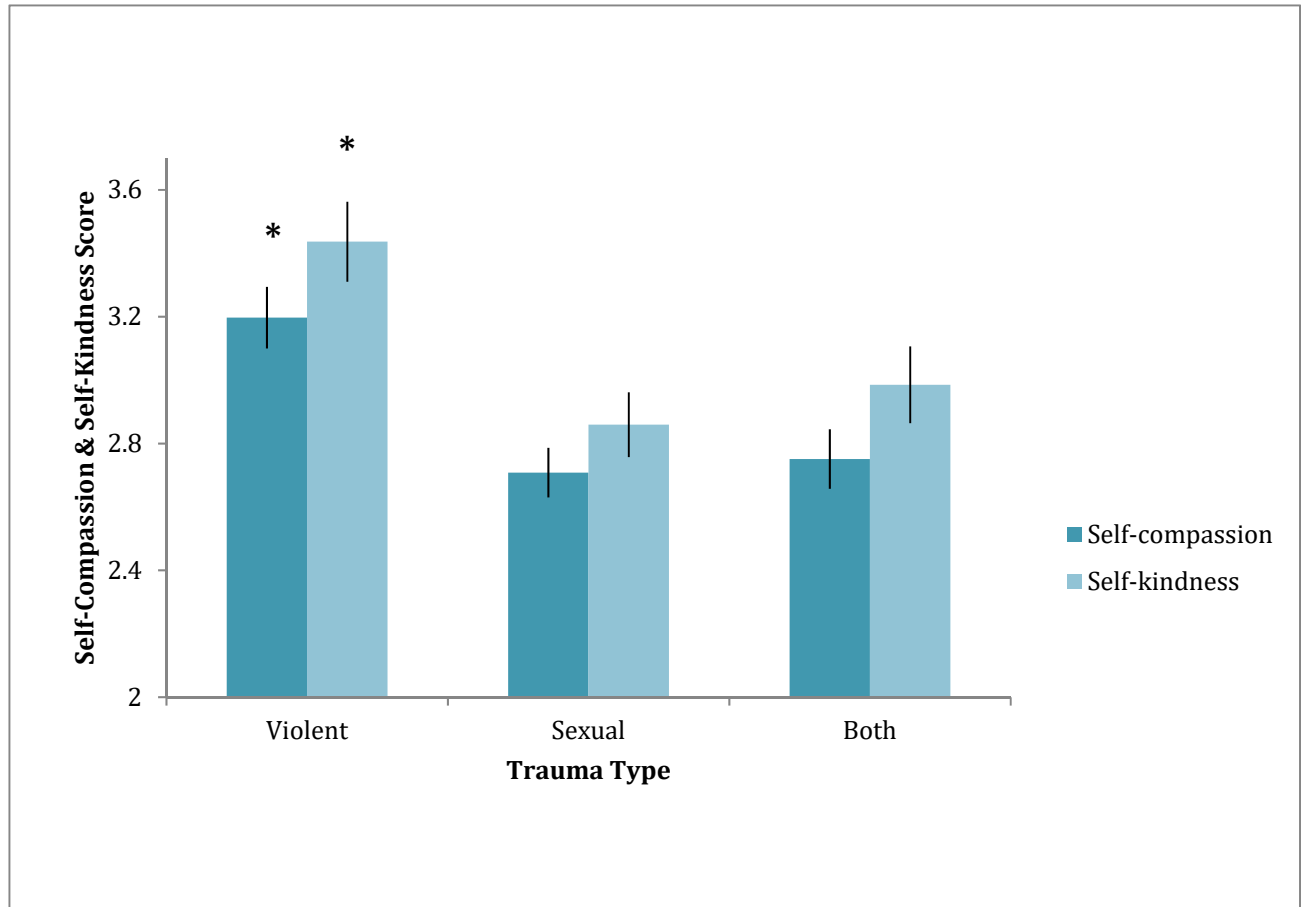


Figure 2. Mean self-compassion and self-kindness scores for violent trauma, sexual trauma, and both groups. The (*) symbol indicates a statistically significant difference compared to the other two groups. Error bars represent one standard deviation above and below the mean.

Table 1. *Pearson correlations between the ability to confide and coping style, based on the type of trauma experienced*

Coping Strategy	Trauma Type			M	SD
	Sexual	Violent	Both		
Behavioral Disengagement	0.34**	0.19	0.40*	123	123
Mental Disengagement	-0.01	0.18	0.28*	123	123
Social Support	0.22*	0.23	0.18	123	123
Substance Use	0.23**	0.48**	0.30*	123	123
Religion	0.02	0.20	0.30**	123	123
Acceptance	0.10	-0.34	0.24**	123	123
Restraint	0.14	0.09	0.27**	123	123
Humor	0.15	0.12	0.30**	123	123
Suppression	0.09	0.21	0.32**	123	123

Note. * $p < 0.05$, ** $p < 0.01$

Table 2. *Pearson correlations between the ability to confide, trust, and resilience*

	Trauma Type			M	SD
	Sexual	Violent	Both		
Predictability	0.09	0.38**	0.25*	123	123
Dependability	-0.21*	0.15	0.10	123	123
Trust is Risky	0.37**	0.03	0.21	123	123
Overall Trust	0.03	0.17	0.37**	123	123
Resilience: Family Cohesion	-0.24*	-0.08	0.07	123	123
Overall Resilience	-0.30	-0.23	0.01	123	123

Note. * $p < 0.05$, ** $p < 0.01$

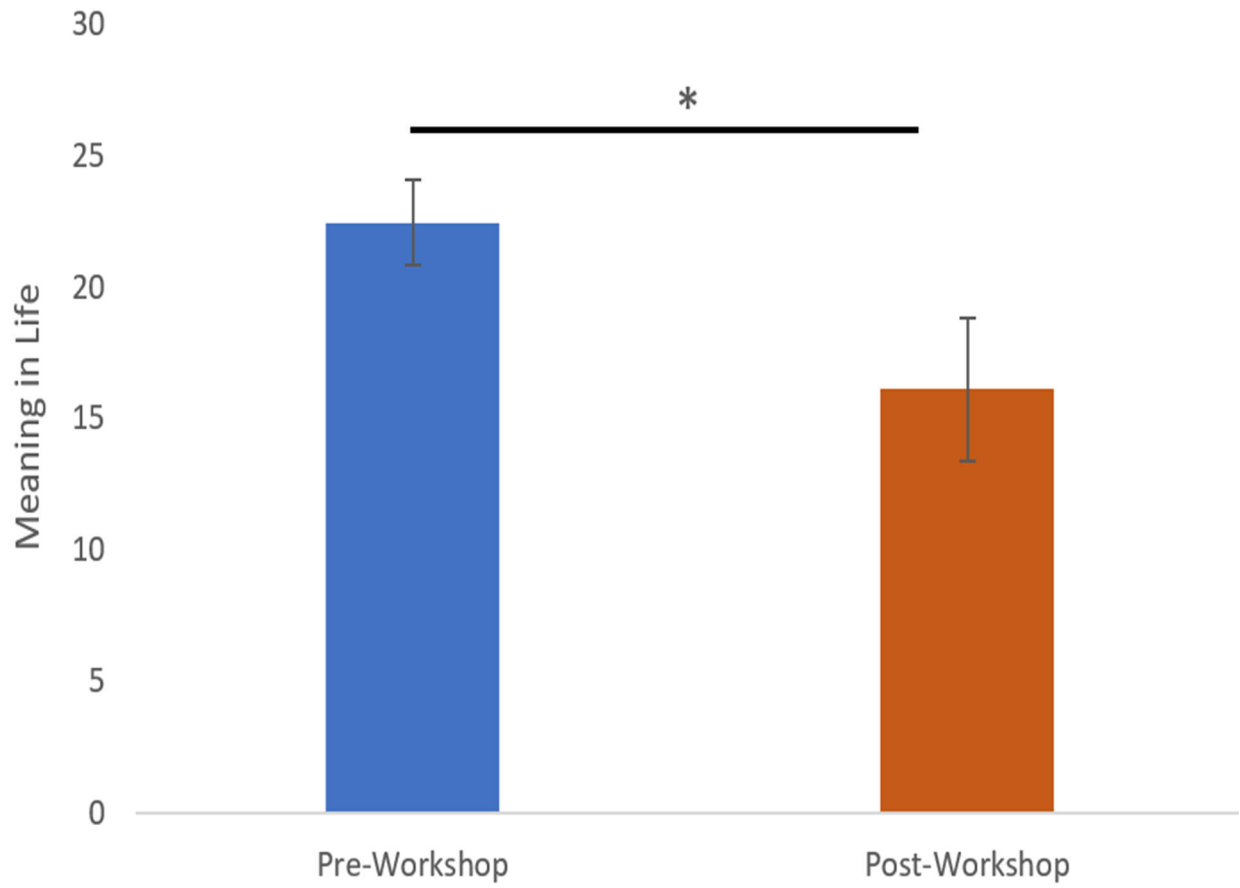


Figure 3. Presence of meaning in life before and after undergoing the 9-month workshop. Error bars represent one standard deviation above and below the mean.

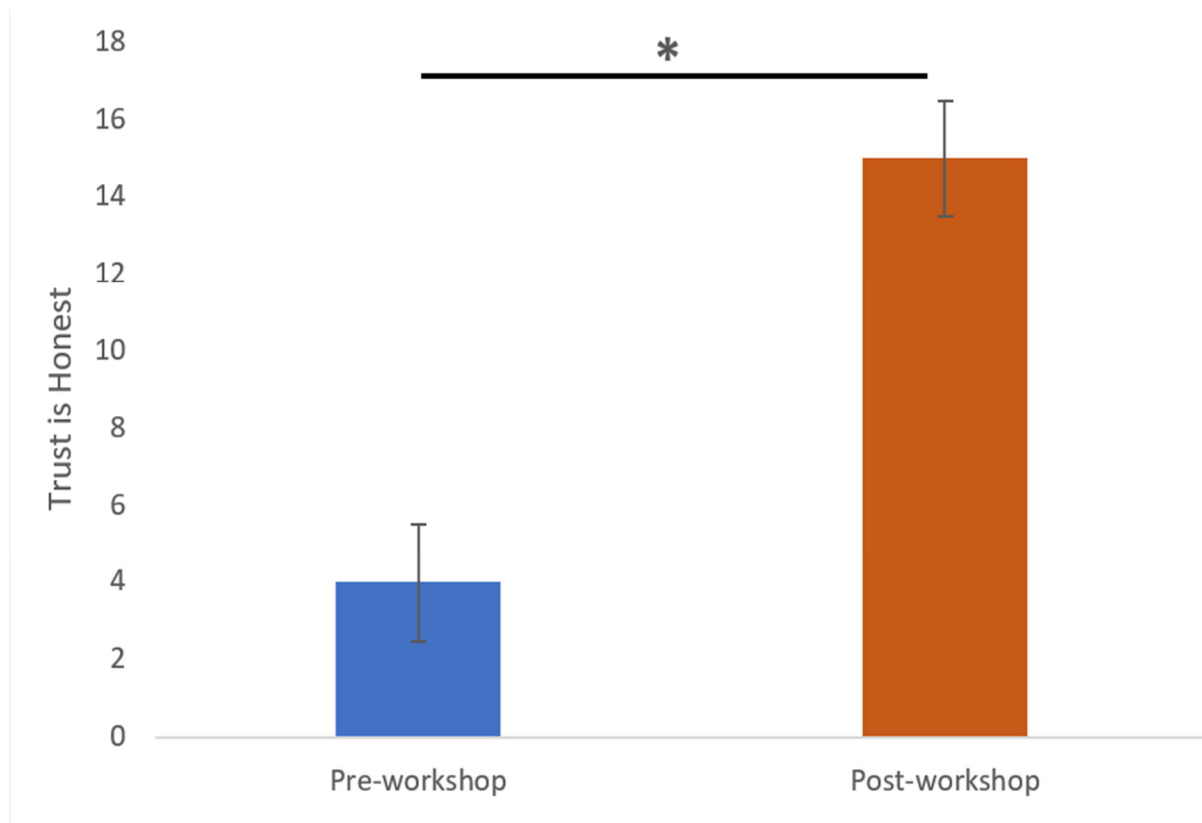


Figure 4. The degree to which participants trust that others are basically honest before and after undergoing the 9-month workshop. Error bars represent one standard deviation above and below the mean.

Table 3. Independent T-tests comparing pre-workshop and post-workshop outcomes

		Independent Samples Test								
		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2- tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
Optimism	Equal variances assumed	7.051	.024	.582	10	.574	1.50000	2.57876	-4.24583	7.24583
	Equal variances not assumed			.582	6.466	.580	1.50000	2.57876	-4.70146	7.70146
Anxiety	Equal variances assumed	.754	.406	.855	10	.413	2.16667	2.53531	-3.48235	7.81568
	Equal variances not assumed			.855	8.752	.416	2.16667	2.53531	-3.59351	7.92685
Trust is Honest	Equal variances assumed	2.581	.139	-7.004	10	.000	-11.00000	1.57056	-14.49943	-7.50057
	Equal variances not assumed			-7.004	7.213	.000	-11.00000	1.57056	-14.69169	-7.30831
Trust is Risky	Equal variances assumed	2.500	.145	.944	10	.367	1.00000	1.05935	-1.36038	3.36038
	Equal variances not assumed			.944	8.158	.372	1.00000	1.05935	-1.43468	3.43468
Trust to Depend	Equal variances assumed	3.769	.081	.000	10	1.000	.00000	2.44949	-5.45780	5.45780
	Equal variances not assumed			.000	7.209	1.000	.00000	2.44949	-5.75826	5.75826
Trust - Faith	Equal variances assumed	5.980	.035	-1.236	10	.245	-4.16667	3.37062	-11.67689	3.34355
	Equal variances not assumed			-1.236	6.378	.260	-4.16667	3.37062	-12.29717	3.96383
Trust to Predict	Equal variances assumed	1.801	.209	1.335	10	.211	3.50000	2.62149	-2.34105	9.34105
	Equal variances not assumed			1.335	9.476	.213	3.50000	2.62149	-2.38516	9.38516
Trust - Total	Equal variances assumed	3.516	.090	-.136	10	.894	-.66667	4.90011	-11.58480	10.2514
	Equal variances not assumed			-.136	7.044	.896	-.66667	4.90011	-12.23904	10.9057
Self Compassion	Equal variances assumed	.015	.905	-.841	10	.420	-1.33333	1.58465	-4.86415	2.19748
	Equal variances not assumed			-.841	9.999	.420	-1.33333	1.58465	-4.86419	2.19752
Life Satisfaction	Equal variances assumed	.007	.934	-.169	10	.869	-.66667	3.95250	-9.47338	8.14004
	Equal variances not assumed			-.169	9.935	.869	-.66667	3.95250	-9.48123	8.14790
Presence of Meaning in Life	Equal variances assumed	4.370	.063	4.466	10	.001	6.33333	1.41814	3.17353	9.49314
	Equal variances not assumed			4.466	8.088	.002	6.33333	1.41814	3.06930	9.59737
Search for Meaning in Life	Equal variances assumed	2.838	.123	-1.311	10	.219	-5.16667	3.94194	-13.94986	3.61652
	Equal variances not assumed			-1.311	6.052	.237	-5.16667	3.94194	-14.79213	4.45879

PTG	Equal variances assumed	.000	.992	-1.013	9	.337	-3.56667	3.51945	-11.52822	4.39489
	Equal variances not assumed			-1.012	8.595	.339	-3.56667	3.52436	-11.59693	4.46360
Perception of Self	Equal variances assumed	.048	.832	-.173	9	.866	-.40000	2.31197	-5.63003	4.83003
	Equal variances not assumed			-.175	8.926	.865	-.40000	2.28619	-5.57830	4.77830
Perception of Future	Equal variances assumed	.399	.543	-.194	9	.850	-.36667	1.88951	-4.64103	3.90770
	Equal variances not assumed			-.197	8.971	.848	-.36667	1.86220	-4.58136	3.84803
Structured Style	Equal variances assumed	1.361	.273	.549	9	.597	1.10000	2.00527	-3.43624	5.63624
	Equal variances not assumed			.522	6.196	.620	1.10000	2.10792	-4.01855	6.21855
Social Competence	Equal variances assumed	.002	.966	-.984	9	.351	-1.43333	1.45598	-4.72699	1.86032
	Equal variances not assumed			-.992	8.856	.348	-1.43333	1.44491	-4.71005	1.84339
Family Cohesion	Equal variances assumed	1.935	.198	-.377	9	.715	-1.10000	2.91592	-7.69627	5.49627
	Equal variances not assumed			-.400	7.757	.700	-1.10000	2.75257	-7.48229	5.28229
Social Resilience	Equal variances assumed	3.016	.116	2.014	9	.075	3.66667	1.82032	-.45119	7.78453
	Equal variances not assumed			2.200	5.763	.072	3.66667	1.66667	-.45259	7.78593
Loneliness	Equal variances assumed	2.745	.132	-.439	9	.671	-1.43333	3.26733	-8.82454	5.95788
	Equal variances not assumed			-.417	6.215	.690	-1.43333	3.43333	-9.76445	6.89778
Depression	Equal variances assumed	.358	.564	-.309	9	.764	-1.60000	5.17444	-13.30539	10.1053
	Equal variances not assumed			-.303	7.751	.770	-1.60000	5.28141	-13.84730	10.6473
PTSD	Equal variances assumed	.050	.828	-.620	9	.551	-.63333	1.02192	-2.94508	1.67841
	Equal variances not assumed			-.623	8.786	.549	-.63333	1.01708	-2.94270	1.67603

Discussion

In the first part of this study, differences in measures of forgiveness, self-compassion, and self-kindness were found. More specifically, those who experienced a violent trauma demonstrated significantly greater levels of each of these variables than those who experienced a sexual trauma or both forms of trauma. Additionally, those who reported experiencing a violent trauma had significantly higher levels of religiosity and mindfulness than the other two groups. Finally, the violent trauma group also reported a feeling greater sense of common humanity than those who have experienced both traumas. The sexual trauma group and those who experienced both forms of trauma demonstrated highly similar patterns in outcomes, suggesting that the experience of the sexual trauma may be what is driving the outcomes and extent of growth. The ability for violent trauma survivors to demonstrate a higher degree of growth hints at a hindrance for sexual trauma survivors to do the same due to the particularly unique nature of the trauma (Shakespeare-Finch & Armstrong, 2010). These findings support evidence that prosocial attributes are related to trauma exposure, but suggests that the extent and expression of this may vary based on trauma type, which supports the first hypothesis. It is possible that these differences are due, in part to how victims were received or supported afterwards – a hypothesis which is explored in the second half of Study 1.

When asked to reflect on their experiences posttrauma, OAASIS workshop participants echoed these findings with statements that highlighted difficulty in compassion and forgiveness both towards others and the self posttrauma:

I believed I was bad, broken, stupid. The world was not safe and people were not safe. I was alone and it was best to not need anyone.

I was so shut down and defensive all the time I did have a hard time expressing compassion towards myself and others. I was very judgmental and harsh both with myself and others.

For the longest time I only ignored the things I couldn't forgive myself for. Then when I faced them I was ashamed.

Further, in Study 1, when the degree to which one confided after the trauma was correlated with measures of coping, it was found that victims of both types of assault showed significant relationships with eight different coping strategies as compared to violent & sexual assault victims, who reported a much more limited range of coping types, with only one to three types, respectively showing significance. Previous research suggests that some individuals may have to try different coping mechanisms to manage the trauma (Stroebe, 1993). These results suggest that the accumulation of trauma may precipitate the need try multiple strategies to identify the most effective combination for an individual.

The ability to confide posttrauma was also correlated with measures of trust and resilience. For the violent and both groups, their trust in their ability to predict the actions of those close to them increased after confiding. This finding builds on findings in previous literature that suggests that despite the adverse effects of interpersonal traumas on trust, social support may promote growth, in turn aiding an individual in rebuilding the ability to trust (Prati & Pietrantonio, 2009). However, for those who experienced a sexual trauma, it was reported that the more they had disclosed their experience, the less they view those close to them as dependable, the more they view trust as risky, and they reported less resilience in terms of family cohesion. The first part of Study 1 led to the postulation that there was something unique and profound about the experience of a sexual trauma that was generating differences between trauma type, and this data suggests that these

differences may be driven by the extent and reception of disclosure. More specifically, this data suggests that confiding in others following a sexual trauma may result in unintended, negative consequences due to how victims were received or supported afterwards. It is possible that those who reported experiencing a sexual trauma and those who experienced both forms of trauma no longer follow similar patterns of outcomes here, as was previously seen, due to the fact that sexual traumas in current society frequently results in a higher degree of victim blaming than other forms of trauma. Perhaps for those who experienced both traumas, there was a lesser degree of victim blaming and overall negative reception due to having also experienced a violent trauma.

These findings are supported by qualitative findings from OAASIS participants, as illustrated in statements such as:

I never allowed myself to connect deeply with anyone. I ran at the first sign of danger. I was suicidal, depressed, and riddled with anxiety.

I did not trust myself or others. I trusted the wrong people, that took advantage of me. It was hard on my marriage for a long time to not trust my husband.

I wasn't trusting of people at a basic, core level. I didn't expect intimacy to ever develop.

These results provided inspiration for Study 2, in which sexual trauma survivors and affect of the ability to confide was studied more specifically. In this second study, only two variables showed a significant change from pre-workshop to post-workshop and those were presence of meaning in life, which decreased, and the trust that others are honest, which increased. These findings only somewhat support the hypotheses in that it was expected that more growth variables would show a significant increase and negative

variables would significantly decrease. The decrease of presence of meaning in life seemed to directly counter the hypotheses, however, it's possible that prior to the workshop, the meaning in life held by the participants wasn't necessarily a positive one – so perhaps the decrease is not negative, but rather opens participants to reexamine their place in the world and explore creating greater, more positive self-perceived meaning in life. However, further research would be necessary to validate this premise. The increase in trust that others are basically honest follows the expected trend.

The lack of significant differences between pre-workshop and post-workshop on measures of growth can likely be attributed to a few factors. First, because participants were not random, it is possible that those who voluntarily choose to undergo a program such as OAASIS have a higher baseline for the variables of interest compared to the average population of CSA survivors. Additionally, it is possible that individual differences were greater than group differences. The group as a whole may not have shown many significant changes, especially because each individual starts at a unique level of each of these variables, therefore participants may have actually experienced greater changes than is reflected in the change between the average group scores. Trauma is not a universalized experience – it is unique in how individualized the experience posttrauma can be. Therefore, it would be best to honor this uniqueness of an individuals' journey posttrauma by comparing participants to themselves. Further, this study had a small sample size, which limits the ability to generalize results and draw firm conclusions. While a sample of this size is not unusual for a trauma study, future research should seek to use a larger sample in order to attenuate some of the mentioned issues.

The correlation data also provides an alternative explanation. Before the workshop, PTSD was correlated with the view that trust is risky, and negatively correlated with the trust in the dependability of others. PTSD was also positively correlated with the trust in the predictability of those close to them, however, it is possible that the predicted behavior was not positive. Additionally, depression was positively associated with anxiety, which follows previous literature (Burns & Eidelson, 1998). However, in the post-workshop, none of these relationships retained their significance. These results suggest that while things like depression and PTSD may not have significantly decreased from pre-workshop to post, the negative associations did. Although the 9-month workshop with OAASIS may not have been sufficient to significantly change the broader categories, it does appear to have helped on a smaller level.

The following statements are from OAASIS participants regarding how they perceive how the ability to confide during the workshop impacted them:

I felt like I could share my experience, my work, my struggles, and my triumphs with people who received them with open arms. I am a much more grounded confident person now. When I received the same from others in the group, it deepened my connection with them.

With the group, I felt supported in expressing my authentic self. If I was feeling sad it was a safe place to share my feelings if I was celebrating success or a breakthrough it was safe to share my joy and excitement, and the group members were happy for me. It made me feel safe, valued and heard.

The most important part of healing is being heard, validated and understood.

These statements hint towards the possibility that there was a greater perceived change and healing that occurred during the 9-months than the quantitative data shows. In

addition, an unexpected trend emerged from the participants' answers to the interview questions. In their responses, participants highlighted the impact of how listening to *others* confide aided in their own personal healing:

Hearing other people's stories and how they worked through them – it was the biggest part of my healing.

It was a huge turning point for me to have a group of people with their own stories and lives who would make space for each other, teach each other, talk and listen. Learning how to listen was especially important for me.

Participants' insights regarding the role that compassionate listening played in their healing contradicts existing literature. While disclosing a trauma may be beneficial in the healing process, listening to another's trauma increases distress and tension in the listener (Shortt & Pennebaker, 1992). A trait known as "emotional contagion" is the degree to which one not only empathizes with, but experiences the other person's feelings. Research has shown that those who have a high degree of emotional contagion and empathy may be more affected by listening to trauma (Shortt & Pennebaker, 1992; Miller, Stiff, & Ellis, 1988). It is possible that participants experienced distress while listening, but were able to grow and create meaning from the experience in the time that followed. The current literature does not directly measure the impact on a survivor listening to another survivor, especially in a safe space such as OAASIS where this type of listening is expected and encouraged. Although these findings are not empirically based, they highlight a need for future research to investigate the role of survivor-to-survivor listening and how it may contribute to posttraumatic growth.

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Appendix A:

OAASIS Interview Questions

1. To whatever extent you feel comfortable, please provide a brief history of your experience

2. Did you confide in anyone after?

How was the information received?

How did this change your relationship with the person you confided in?

3. What were the initial affects the experience had on you?

4. How did your childhood trauma affect you physically as an adult?

5. How did your childhood trauma affect you emotionally as an adult?

6. How did the experience your core beliefs about yourself and the world?

7. How did the experience affect your system of trust?

8. How did the experience affect your compassion towards yourself and others?

9. Research has shown that survivors often exhibit self-blame for their experiences. How did your experience affect your self-forgiveness and how, if at all, has this changed over the years?

How was your ability to forgive others impacted?

10. What coping mechanisms did you use to deal with the experience?

11. Was there a turning point in your healing journey?

12. What were productive elements in your healing journey?

13. What were destructive elements in your healing journey?

14. What, if any, potential benefits emerged from your experiences and journey?

15. How did being able to confide in a group of peers affect your healing journey?

16. How much do you feel like you were able to open up during the OAASIS workshop?

17. How has the OAASIS experience affected you overall/the areas of life we have discussed?