

**Utilizing The Capability Approach to Investigate The Sexual Well-Being of
Survivors of Sexual Assault**

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ABSTRACT

In this qualitative study, we used the capability approach to sexual well-being to gain a fuller understanding of the sexual well-being of survivors of sexual assault. We interviewed 19 female sexual assault survivors, ranging in age from 19-59 years, and analyzed their data using thematic analysis. Our findings revealed that sexual assault created alterations in sexuality and negative views of men. Obstacles to attaining one's best sexual self included both logistical (e.g., poor quality sex education, lack of trauma informed health care) and systemic (e.g., rape culture, heterosexism/bisexism) components. The process of becoming one's best sexual self involved (a) taking healing action, (b) challenging early patriarchal socialization messages, (c) overcoming blame, shame, and guilt, (d) breaking the silence, (e) finding healing and growth in safe intimate relationships, (f) prioritizing one's own sexual well-being and creating healthy boundaries, and (g) engaging in anti-sexual assault advocacy. Overall, women described their best sexual self as one that is liberated and free from restrictive and oppressive societal messages, experiences, and contexts. Results can guide clinical work with survivors in enhancing understanding of common facets of a survivor's healing process and relationship with their sexual well-being, as well as areas where they may feel they need more support.

Keywords: sexual assault, rape, sexual well-being, sexual health, thematic analysis

TABLE OF CONTENTS

CHAPTER 1 INTRODUCTION	1
CHAPTER 2 LITERATURE REVIEW	4
Factors Influencing Survivors' Well-Being.....	4
The Capability Approach.....	6
The Current Study	7
CHAPTER 3 METHODS	9
Feminist Paradigm	9
Participants.....	9
Procedure	10
Researcher Reflexivity Statement.....	12
Data Analyses and Trustworthiness.....	12
CHAPTER 4 RESULTS.....	14
Alterations in Sexuality due to Sexual Assault(s).....	14
No or Limited Sexual Desire	14
Engaging Only with Women Sexually	16
Trying to Regain Power and Control	18
Disconnection of Physical and Emotional Self During Intimacy	19
The Body as Armor.....	21
Negative Views of Men Post Sexual Assault	22
Obstacles to Attaining One's Best Sexual Self.....	23
Logistical Obstacles	23

Systemic Obstacles	26
Process of Healing and Becoming One’s Best Sexual Self	29
Taking Healing Action.....	29
Challenging Early Patriarchal Socialization Messages.....	30
Overcoming Blame, Shame, and Guilt	33
Breaking the Silence	35
Finding Healing and Growth in Safe Intimate Relationships	36
Prioritizing One’s Own Sexual Well-being and Creating Healthy Boundaries.....	38
Anti-Sexual Assault Advocacy and Giving Back.....	39
One’s Best Sexual Self is Liberated.....	40
CHAPTER 5 DISCUSSION.....	43
Limitations and Future Directions	47
Practice Implications.....	48
REFERENCES	51
APPENDIX.....	57
VITA.....	61

CHAPTER 1 INTRODUCTION

An estimated 1 in 5 women will experience attempted or completed rape in her lifetime (Smith et al., 2018). Although this is the most widely known figure, the actual number may be much higher due to historical under-reporting of sexual violence against women (Moore & Baker, 2018) and unclear data on other non-rape forms of sexual violence. Women, racial and ethnic minority group members, and college students are most likely to experience sexual violence and subsequently worse impacts following the event (RAINN, 2020; Smith et al., 2018). Sexual violence is a problem that, for many, starts early in life. Approximately 81% of female rape victims report that they first experienced this act of violence before the age of 25 years (Smith et al., 2018). When taking into account the early age at which sexual violence experiences begin for most women and the impacts of this across their lifetime, the effect of sexual violence on women's health and wellness is devastating.

Literature supports that sexual trauma operates in a way that is distinct from other forms of non-sexual trauma exposure. Women that have experienced sexual trauma report greater symptom severity and a higher self-perception impairment than those reporting exposure to non-sexual traumas (Keshet & Gilboa-Schechtman, 2019). Sexual violence is distinct from physical violence in that survivors typically experience particularly negative impacts on their self-esteem, more self-criticism, and less likelihood to report a secure attachment style. These forms of psychological distress are unique to sexual violence, as compared to reports of the impact of non-sexual physical violence on individuals (Schnittker, 2022). Blaming oneself for experiencing sexual assault, a

common cognitive distortion, is also associated with heightened anxiety, depression, and hostility (Frazier, 2003). Sexual violence imparts a specific impact on survivors' self-perception and internal world that accompanies the more typical symptoms following a trauma exposure.

Beyond experiencing psychological distress, survivors are likely to report symptoms related to anxiety, depression, disordered eating, substance abuse, and posttraumatic stress (Campbell et al., 2009; Dworkin et al., 2017). Survivorship is also associated with detriments to physical health, even in cases where an individual does not label their experience as a sexual assault. Conoscenti and McNally (2006) found that both acknowledged and unacknowledged rape victims reported health complaints more often and of a higher severity than a control group that did not report any prior exposure to sexual assault. Those who acknowledged their rape reported the highest numbers in both severity and frequency, showing a tangible tie between the psychological processing of sexual assault experiences and resulting physical health impacts.

Beyond physical and mental health, sexual assault also has a negative impact on survivors' sexual well-being. Female survivors experience deficits in physical aspects of sexual functioning (Kelley & Gidycz, 2019), and sexual trauma, in particular, is associated with reduced sexual satisfaction (DiMauro et al., 2018). Research supports a link between trauma symptoms resulting from sexual or non-sexual traumatic events and sexual dysfunction (Yedua et al., 2015). A history of sexual victimization is furthermore associated with experiencing a greater number of sexual dysfunction problems (Garneau-Fournier et al., 2017). In a sample of female survivors, post-traumatic stress symptoms

were associated with sexual functioning difficulties such as decreased sexual satisfaction, arousal, and orgasm (Lipinski & Beck, 2022). This relation was found to be partially accounted for by the presence of a negative sexual self-schema, or an individual's concept of themselves in a sexual context, wherein survivors engage in sex in a way that involve increased guilt, less closeness with their partner, and less arousal during sex. Qualitative data supports survivors engaging in pleasure-less sex and engaging in a process of re-defining their boundaries and needs during sexual activity after assault (O'Callaghan & Lorenz, 2024).

Taken together these studies and others paint a picture of how survivors embody their sexuality and how sexual assault negatively impacts mental health and physical and psychological aspects of sexual functioning. While research in this area is important, it has largely taken a deficit approach. The purpose of our study is to take a holistic approach to examining women's sexual well-being in the aftermath of sexual assault in order to gain a fuller understanding of not only their struggles but also their strengths and what they may need in order to attain a healthier ideal of sexual well-being. Our study contributes to the current literature on women's health and sexual well-being by clarifying how sexual assault trauma plays a role in the nuances of survivors' sexuality and sexual wellness.

CHAPTER 2 LITERATURE REVIEW

Factors Influencing Survivors' Well-Being

In addition to experiencing difficulties within their internal world, survivors of sexual assault also encounter adversity from external sources. There are numerous ways that an individual's immediate support system, community, and culture can have a negative impact on a survivors' well-being and healing process (Campbell et al., 2009). On an interpersonal level, negative reactions to disclosures of experiences of sexual violence play a part in the development of risky sexual behaviors and sexual dysfunction, risky alcohol use, posttraumatic stress symptoms, self-blame, less perceived control, and less posttraumatic growth (Forkus et al., 2024; Nolin et al., 2023; Ullman, 2023). Results are mixed on whether positive social reactions to a disclosure benefit survivors; systemic review and meta-analysis indicate that this is not a protective factor (Dworkin et al., 2019), however others found that emotionally supportive or otherwise positive reactions led to more positive coping skills and better outcomes (Filipas & Ullman, 2001; Orchowski et al., 2013). Emotional support in response to disclosures of sexual assault is related to higher sexual satisfaction, and conversely stigmatization is correlated with lower sexual function and satisfaction as well as higher sexual distress (Nolin et al., 2022). Social support also plays a large part in survivors choosing to seek out professional help following their assault, with heightened support contributing to more help-seeking (Hutschemaekers et al., 2019). On the other hand, disclosing an experience of sexual assault to someone not as close to them or receiving a negative reaction results in the deterioration of said interpersonal relationships (Ahrens & Aldana., 2012). In this

way the reactions and support provided to a survivor by their immediate support system and even less-close others they choose to share with can have a profound impact on their own psychological, sexual, and interpersonal well-being following sexual assault. However, the mixed and sometimes even opposing findings in literature make a full and nuanced interpretation of these impacts difficult to grasp.

United States' culture tends to be laden with negative views of sexual assault survivors wherein they are systematically discredited or blamed for their sexual assault experience. This culture transfers to the individual in the form of rape myths, or a set of inaccurate beliefs that utilize false stereotypes to put the blame for sexual assault onto the victim. This set of rape myths, such as "She asked for it" or "It wasn't really rape" (Lonsway, 1999) can be imparted to survivors through interactions with others and internalized by survivors themselves. Rape myth acceptance produces negative impacts on an interpersonal level, such as increased hostility towards women, as well as broader societal impacts such as being correlated with racism, heterosexism, classism, and ageism (Suarez & Gadalla, 2010). Interviews with survivors show that, for many, encounters with entities that are supposed to help them such as service providers and law enforcement actually result in more internalization of self-blame for their assault (Anderson & Overby, 2021). Self-blame for survivors of sexual assault is related to higher levels of depression and post-traumatic stress disorder (PTSD; Campbell et al., 2009) and may be reduced through the use of self-compassion exercises (Hamrick & Owens, 2019). Compassion and support from others play a crucial role in reducing negative cognitions such as belief in rape myths. For survivors of sexual assault, knowing

another survivor was related to less acceptance of rape myths, further suggesting the positive impact of social support and positive reactions to disclosures (Citera, 2024). Research demonstrates that the survivors do not navigate their experience in a vacuum, and that the relation between internal and external factors has immense power to dictate the ultimate impact of sexual assault on their well-being.

The Capability Approach

Sexual health is considered by the World Health Organization (WHO) to be an essential part of individual and community well-being. According to the current working definition, sexual health is

...a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled. (WHO, 2006, para. 1)

However, precise definitions of sexual well-being are scarce and varied, and seem to fall under three mutually exclusive domains: individual, interpersonal, and sociocultural aspects (Lorimer et al., 2019). Defining sexual well-being within the scope of only one of these domains misses the interplay of individual, interpersonal, and sociocultural factors that often impacts an individual's conceptualization of their sexuality in practice. The individual domain is by far the most studied within literature, creating a need for a more

comprehensive definition that acknowledges the interpersonal and sociocultural dimensions and is supported by research. The lack of research in this area is a significant concern considering how profoundly sociocultural factors impact survivors of sexual assault.

Lorimer et al. (2022) bring a new and needed dimension to the conversation on sexual well-being with their introduction of the capability approach to assessing well-being. This approach first identified by Sen (1985) and then applied to social justice work by Nussbaum (2011) examines not only what resources are available to someone but also how capable they are of utilizing them to improve their circumstances. When applied to sexual well-being, it creates a more holistic view of an individual and allows for a framework that acknowledges factors such as systemic discrimination, trauma recovery, reproductive freedom, and an individual's sense of agency. The capability approach to sexual well-being is positioned to be a significant new lens that can portray the complexity of sexuality and the variety of external factors that can impact someone's sexual wellness independent of their partnered status and individual beliefs. Particularly when doing research and practice work that benefits survivors of sexual assault, a framework that incorporates acknowledgement of this complexity is necessary for effective needs assessment and the provision of support.

The Current Study

The purpose of our study was to utilize the capability approach to sexual well-being (Lorimer et al., 2022) to gain a fuller understanding of the sexual well-being of survivors of sexual assault. More specifically, we investigated (1) how survivors

conceptualize their sexuality, (2) how conceptualizations of their sexuality may have been affected by experiencing traumatic sexual assault in adulthood, (3) what survivors may need in order to attain a healthy ideal of sexual well-being, and (4) positive aspects of survivors' sexuality or areas where their sexual well-being needs are presently being met. Our investigation was conducted through interviews with survivors, so that they could share their ideas and experiences in their own voice and feel empowered to articulate their needs. We hope to provide a richer understanding of sexual wellness specifically in the aftermath of sexual assault and how the individual, interpersonal, and sociocultural domains intersect in the lives of survivors.

CHAPTER 3 METHODS

Feminist Paradigm

We utilized a feminist qualitative inquiry paradigm, paying special attention to how individual lives are shaped by the power afforded by various sociocultural identities, and how knowledge is both subjective and informed by larger systemic forces such as politics and culture (Creswell, 2007). Although much research on survivors of sexual assaults focuses on deficits, we opted to take a strengths-based approach. Sexual violence is inherently based in power and inequalities (Armstrong et al., 2018), thus we sought to empower participants through establishing a collaborative and nonexploitative relationship and adhering to all ethical standards for best practice with vulnerable populations as outlined by institutional review board and recommendations for ethical qualitative research (e.g., Haverkamp, 2005). Study goals were transformative in that we hoped to instigate positive change for survivors and the support resources they have access to, as well as contributing to a more nuanced and comprehensive understanding of sexual well-being and its impact on an individual's life after experiencing sexual assault.

Participants

Participants were 19 female survivors of sexual assault, ages 19-59 years, who met our study's inclusion criteria of (a) being at least 18 years old, (b) identifying as a woman, (c) currently residing in the United States, and (d) having experienced sexual contact without their consent (i.e., because they were pressured, coerced, incapacitated, forced, or made to have sexual contact) – as an adult (ages 18+). All participants indicated that their sex assigned at birth was female and they identified as women. One

participant also identified as genderqueer. Participants reported currently living in the United States' South ($n = 7$), Midwest ($n = 5$), Northeast ($n = 4$), and West ($n = 3$). Our sample was predominately upper middle class and well-educated but diverse in terms of sexual orientation and race/ethnicity (see Table 1, in Appendix).

Procedure

We recruited participants through emails of the research announcement sent to the list owner/contact person of a variety of sexual assault survivor related listservs and organizations, Facebook groups (e.g., Sexual Assault/Rape Support Group), and the researchers' personal and professional networks. We asked the list owner/contact person to distribute the research announcement to their listserv/e-group and to their eligible friends and colleagues. We also recruited participants through research flyers posted and distributed on our university campus and through relevant student organizations and offices that support survivors of sexual assault. Lastly, we recruited through snowball sampling, where participants received a copy of the research announcement to share with others who might be interested and eligible to participate.

Interested persons followed a link or scanned a QR code to a Qualtrics survey where they confirmed their eligibility for the study, completed demographic information, provided informed consent, and gave contact information for the researchers to contact them and schedule their interview. The first author conducted all interviews via an audio recorded, HIPAA-compliant Zoom call. Participants had the option to have their video camera on ($n = 2$) or off ($n = 17$). Participants were provided support resources related specifically to sexual assault and mental health and compensated with a \$40 Amazon e-

gift card upon completion of the interview. Participants reported hearing about the study from a sexual assault related group, organization or listserv ($n = 5$), friend or colleague ($n = 3$), research flyer ($n = 7$), and other ($n = 4$).

We developed our initial list of semi-structured interview question and associated follow-up probes. Then we sent it to three expert reviewers (two licensed psychologists and one advanced counseling psychology doctoral student) well-versed in research and clinical practice with survivors of sexual assault for their feedback. Reviewers provided feedback on question wording and order, as well as how well questions aligned with the research questions. This resulted in revisions of the wording and flow of questions included in the final interview protocol.

Our final interview protocol (see Appendix A) included questions about (a) their view of themselves as a sexual being, (b) how their experience of sexual assault has affected (or not affected) their view of themselves as a sexual being, (c) what they imagine when they think of the idea of “the best version of your sexual self,” (d) what facilitates or helps them be the best version of their sexual self, and (e) what inhibits or gets in the way of them being best version of their sexual self. Interviews ranged from 30 to 59 minutes ($M = 39.42$, $SD = 7.57$). We transcribed audio recordings of each interview using Otter.AI. Then the first author compared each transcript to audio recording for accuracy prior to analysis. We received institutional review board approval for this study. Our study was not preregistered, no further manuscripts are planned using these data, and data are not publicly available.

Researcher Reflexivity Statement

A necessary step in ensuring high quality qualitative research is reflection on our biases and lived experience and how these may impact our work (Braun & Clarke, 2021). One of us is a doctoral student and the other a professor in Counseling Psychology at the same university. Our training includes a significant emphasis on research methods, applied psychology and counseling, ethics, mental health, trauma, and self-reflection. One author has five years of experience in counseling, practice, and advocacy. The other author has extensive practice and research experience (over 20 years) related to gender-based oppression and activism. One author is a survivor of sexual assault, and both authors have prior experience researching sexual assault specifically. Taken together, our assumptions and biases based in these personal and professional identities prior to data analysis included (a) survivors may have trouble conceptualizing themselves as sexual beings and discussing what this means to them, (b) the interview protocol will capture both positive aspects of their healing journey following sexual assault and negative experiences, and (c) participants may be at different stages of processing and healing from their sexual assault, resulting in different levels of reflection and understanding of their experience.

Data Analyses and Trustworthiness

We used reflexive thematic analysis to analyze our data, as outlined by Braun and Clarke (2021). This involved immersing ourselves in the transcript data, generating initial codes from the data, organizing those codes into possible themes, critically examining themes to ensure they fit well with the dataset, then condensing and refining the theme

list. Transcript quotes were organized into codes according to both inductive interpretation (coding according to the data at face value) and deductive interpretation (coding with the use of researchers' background knowledge on research and theory). We coded transcripts and selected supporting quotes independently, then came together to discuss impressions and finalize each code and quote selection. Once we had reviewed seven transcripts in this manner, we created a list of initial codes comprised of recurring ideas throughout the first set of transcripts and coded the rest of the transcripts using this list to categorize each data point. We collaborated on this process to ensure items were categorized appropriately and that codes accurately reflected the dataset, being sure to revising wording and combine codes or create new ones when we deemed it necessary. Both of us checked and re-checked the consistency of the dataset with our analyses, making sure to stay aware of our biases and verify that each code, sub-theme, and theme had direct support from the data. We also kept a running list of initial themes throughout this process, as well as an audit trail. Codes were then grouped together according to similarity into larger themes and sub-themes, utilizing consensus and discussion throughout between researchers to preserve accuracy.

Following Creswell (2007), credibility was supported through our extensive immersion in the data, varied recruitment strategies, open-ended interview questions, and use of initial lower-level codes that directly reflected the dataset. Transferability was supported with attention to thick description through our use of participant quotes and thorough descriptions of study context and participants. Confirmability was supported through researcher reflexivity.

CHAPTER 4 RESULTS

Our data analysis revealed five main themes: (a) alterations in sexuality due to sexual assault(s), (b) negative views of men, (c) obstacles to attaining one's best sexual self (BSS), (d) process of healing and becoming one's BSS, and (e) one's BSS is liberated.

Three of the main themes included subthemes. We report themes/subthemes and the number of participants representing each in Table 2 (see Appendix). To protect confidentiality, we used pseudonyms for each participant.

Alterations in Sexuality due to Sexual Assault(s)

One theme that was present in participant interview data was alterations in both how they embody and act on their sexuality following the experience of sexual assault. This theme is separate from healing processes, instead addressing changes in participant sexuality and the impact of sexual assault on their sexual well-being.

No or Limited Sexual Desire

Ten participants reported that they became asexual and/or experienced a sharp decrease in their engagement with sexual activity and sexual desire in the aftermath of experiencing sexual assault. Some participants described this as a way to stay safe from external threats, such as avoiding situations with another person where they might be sexually assaulted again. Others expressed that they felt a general lack of safety in any kind of sexual situation which contributed to their decrease in sexual desire. Priscilla remarked:

I don't like thinking of myself as a sexual being because it makes me unsafe, because I know for a fact that someone could do anything they want to me and get away with it. Like, I'm feeling like, I'm a danger. If somebody- like if I want to, I don't know, as a sexual being it just puts me in danger. (24 years old, White heterosexual cisgender woman)

This relation of low desire with safety was also related to a lack of feeling safe being vulnerable enough with another person to engage in sexual activity. Without this safety, some women were not simply suppressing their desires but not experiencing them in the first place. Sex became a dangerous and uncertain thing, and something they wanted to stay away from it to preserve their well-being.

Others described this disengagement with sex and desire as being related to their own personal relationship with their sexuality and who they are as a sexual being. Gabrielle (24 years old, race not specified, bisexual cisgender woman) shared “when the sexual assaults happened, just completely derailed my ability to move forward in creating my sexual self and has kind of halted that.” The process of determining where they presently stood with their identity as a sexual being and how to move forward in the development of that post-assault was reported as salient for several participants. Others characterized their limited sexual desire as being related to an aversion to sex or any reminder of their sexual assault, as well as the complex and changing feelings they experience related to sexual activity. This complicated dynamic is best summed up by Stevie (20 years old, Latina questioning cisgender woman), “I've definitely seen myself sometimes be revolted by sex and disgusted by sex. And then sometimes feel like I

should have sex. And then it's that one point, or at some point, actually, it's like, do I deserve sex?"

Engaging Only with Women Sexually

Five women reported a change in their sexuality through a complete disengagement with men sexually and a shift of their sexual activity to only include female partners. There were several reasons that participants reported this, one being an increased sense of safety in engaging with women due to their perpetrator being a man. Some women were able to heal and restore their comfortability with sex through engaging with women, where they felt a sense of safety with their female partner. This initial phase of healing themselves as a sexual being with a safe female partner allowed them to eventually begin incorporating men back into their sex lives, as illustrated by Abigail:

I was assaulted by a man and so I think I fixed some of my relationships, or my relationship with sexuality by sleeping with a lot of women afterward because they felt safer. And I think that was like a stepping stone into reclaiming my sexuality was to like, find things that made me feel safe while I was still being sexual. (27 years old, White bisexual cisgender woman)

Other women that noted a shift in their sexual behavior towards majority or exclusively engaging with women never returned to having sex with men. Most reported that this was due to them never being able to reclaim a sense of safety with a man or reach a point in their relationships with men that they would be in a circumstance to

engage in consensual sexual activity with them. Iris remarked about her experiences with men over a lifetime:

I know that I would never be with a man again. So, if I was going to be engaged more fully as a sexual being it would absolutely be with a woman. And that, I think partly could be tied to sexual experiences, not only the rape I experienced with the guy I was dating when I was about 19. But I think even my second marriage...involved a lot of sexual coercion.” (59 years old, White asexual cisgender woman)

Another aspect of participant disengagement with men sexually beyond no desire or sense of safety with male partners was the positive experiences that many had having sex with women. Feelings of safety in community with other women and queerness as an extension of this were common in participant responses. Several participants found the level of empathy they experienced with other women and attention to their feelings of safety and comfort during sex to be very compelling. Callie reported:

most of my female partners had also been assaulted by men and so I think that there was also just like this level of watching out for each other while we were engaging that felt really honoring and really protective and really safe. (25 years old, White queer cisgender woman)

This empathy and shared experience of navigating the world as a woman and in many cases encountering the complexities of sexual assault and other forms of adversity that disproportionately affect women contributed to enhanced feelings of comfort and safety with female partners.

Trying to Regain Power and Control

Eleven participants reported other alterations in their sexual behavior post-assault unrelated to their level of desire or partner's gender. These changes were related to regaining a sense of control over their sex lives and who they are as a sexual being in the aftermath of an event that robbed them of agency in those areas. Some participants sought this control through engaging in hypersexual behavior, or increasing the frequency of "hook ups" as compared to their behavior pre-sexual assault. This hypersexuality manifested in what one woman described as "reckless" ways, including unsafe sexual practices and having sex while under the influence of alcohol or other substances. For several women, this was also accompanied by a sense of having sex for control rather than for pleasure or to engage intimately with their partner. Sex became more of a means of experiencing control and "checking a box" to say they were able to engage in it with agency than an intimate experience, illustrated by Karina:

When I was having sex with people with my consent, I didn't really let them you know, do anything to me. It was more so about, you know, how quickly can we have sex, how quickly can the guy finish, how quickly can I like, leave. Just kind of little things where like I never made myself feel vulnerable (26 years old, White heterosexual cisgender woman)

Others sought out control in their sex lives through engaging with the kink community. A key aspect of kink-oriented spaces is emphasizing explicit, enthusiastic, and continuous consent which lends itself to helping these women to feel safe engaging in sexual activity and experiencing power in those situations. Within sexual situations

involving elements of kink, there is seldom any question of who has the power or more dominant role and, in this way, participants were able to express their sexual agency without any internal questioning of its validity or power.

Some participants altered their sexual behavior post-assault by reducing their engagement in sex. This is distinct from a lack of desire in that their removal of themselves from sexual situations was not related to libido but rather their need for control. Their journey to reclaim the agency that was taken from them in experiencing sexual assault manifested itself in moderating their desire and having full control over the situations in which they expressed it through becoming more selective. Eva stated:

And I didn't feel like I like craved it all the time. But, again, with therapy, we've kind of come to the conclusion- It was like a control thing afterwards, of like, I was controlling not having sex with men. And like, I wanted control of how much I wanted it. And getting pleasure from something that gave me pain. (28 years old, White bisexual cisgender woman)

Disconnection of Physical and Emotional Self During Intimacy

Twelve participants noted a definite shift in their sense of themselves as a sexual being to exclude emotional intimacy or vulnerability. This made sex a purely physical act, and often one that was not pleasurable or satisfying in the way that they experienced it pre-assault. It also in many cases crossed into being a dissociative experience as the women tried to maintain internal control and struggled with being able to fully relax and feel safe. This dissociation took them out of their bodies completely, with Fiona noting:

And I was reflecting a lot more about my experience and how it's affected me, and I feel like around that period, I had a really hard time having sex with lights off and something about like the lack of control. I've just started to kind of feel like a little bit out of body experience like, "Oh, this is something that's happening to me" as opposed to, "this is something that I'm doing." And, like, I'm actively participating in, so I just started to get like, really in my head, and I'd want to stop and be like, "No, this isn't enjoyable to me anymore." Like, I'm just feeling like, a passive viewer of what's happening right now, instead of feeling like I have agency or control. (24 years old, race not specified, heterosexual cisgender woman)

This detachment also meant for some that their participation in sexual activity existed separate from their identity or sense of themselves as a sexual being. The dissociation occurred on a less controlled, subconscious level and to a degree that in some cases others could notice a shift in their behavior. The lack of their presence or embodiment in sexual activity sometimes hurt the romantic relationships that some participants were in. Trauma symptoms robbed many of these women of the perceived ability to experience sexual intimacy with a partner. This aspect of separation and lack of enjoyment also contributed to several women feeling "used" while having sex post-assault, as Linda noted:

But then, then I just started, like, thinking about that [the sexual assaults], again, like, about the things that have happened to me, and I remember, like, sometimes we will be like, having sex, and I just wouldn't be there, I would be just thinking

about other things. So, and yeah, and then, after, that was like, a really big issue in my relationship. And, and we, and I decided to break things off. Then, I don't know, it's, it's just been hard that I like, yeah, like, it's, it's experimenting with my sexuality or like, having sex with other people just because I feel like I am going to be used for sex again, or like, yeah. (25 years old, Latina bisexual cisgender woman)

The Body as Armor

On the opposite side of dissociating during sexual activity, five women reported an altered view of their body and physicality post-assault in regards to their personal safety and how they existed in their physical form. Abigail reported engaging in disordered eating post-assault to preserve the sense of safety she experienced in her body when she looked a specific way that was different from how she looked at the time of the assault:

So, when I, when the salient assault happened, I was really thin. And I gained weight to protect myself, almost like a physical protection and not just, you know, a psychological protection of not wanting to be intimate. And if I have lost weight, just for the purpose of good health, and I get down near that weight, I'll start to feel terrified and vulnerable and have to put the weight back on. (54 years old, White heterosexual cisgender woman)

Others would engage in sexual activity that they did not fully consent or want to participate in to feel like they did have some choice and to prevent any escalation or a more violent assault by the person they were engaging with. This “use” of their body in

such a protective way in that moment contributed to intense feelings of shame afterwards. Coping in the aftermath of sexual assault by viewing their physical form as armor or a means of protection from “something worse” was an emotionally complex experience for several of the women, with Bernadette sharing:

After the assault, I tended to always say yes, when sex is brought up, because I was like, scared, it would get more escalated. And so, I think I had a lot of shame for like, how I was using my body for a while, if that makes sense. So, I think that was like a really negative thing, that like, I used to hate my body. Because I was like using it, even though in that situation, I was just trying to prevent it from getting worse.” (27 years old, White bisexual cisgender woman)

Negative Views of Men Post Sexual Assault

Eleven participants identified a significant mistrust of men following experience of sexual assault. For some, this stemmed from feelings of helplessness to prevent future sexual assaults in the face of a male perpetrator’s will. Naomi noted:

it's scary being especially like with a man, because it doesn't matter if you say "no", or if it doesn't matter if you're clearly uninterested, or you're trying to go to sleep, or you're trying to do this, because if that's what they want then they will try until they get it. (20 years old, Latina heterosexual cisgender woman)

Others related the mistrust to how they perceive that men view them as women and sexual beings. Ruth remarked she often has the thought “don’t trust anybody, people only want you for your body” (20 years old, Black heterosexual cisgender woman).

Seven women agreed with this notion that men view women as sexual beings more than

complex humans. The idea of female sexuality became a dangerous thing for them because it meant that they were at risk of being seen as a sex object and therefore victimized by a male perpetrator of sexual assault. The reduction of their personhood to their ability to provide sexual pleasure to a man became a very real fear post-assault, as well as the fear that they would get physically or emotionally hurt in subsequent sexual situations. Priscilla (24 years old, White heterosexual cisgender woman) endorsed both of these reasons for her lack of trust in men, saying “I feel like I can't expect another man to respect me sexually or not take advantage of me.” Some women experienced this notion of men having negative and purely sexual intentions towards them with both strangers and their romantic partners. This mistrust was reported by the majority to be pervasive and damaging to their romantic relationships and dating life with male partners.

Obstacles to Attaining One's Best Sexual Self

Logistical Obstacles

Seventeen women identified obstacles to attaining their idea of their BSS that are more logistical in nature, or related to unmet needs in their own healing journey. One aspect that participants noted as being particularly difficult was being able to afford the care that they need. For example, seven women noted that therapy would be beneficial but it is often not covered by their insurance or cost prohibitive in and of itself. Access barriers to therapy were also a lack of knowledge on how to find the right provider, long wait lists, and uncertainty around broaching certain sexuality-related topics in the therapy space. Another logistical barrier that women reported was time. Callie noted:

It's not this one night that is hard and this one couple of hours that is hard, it is now that that is a piece of my history forever now. And that will forever be something that is available to be triggered, that is able to be brought up in my body. And that it's something that I will have to continue working on healing with myself for the rest of my life. And I think that that, you know, can be like an inhibition sometimes in the space of like, how much time and how much energy and how many, resources, like even just internal resources have to be put towards healing this thing that I did not ask to show up. (25 years old, White cisgender queer woman)

The idea that truly “facing up” to their trauma and doing the healing work is something that is time- and energy-consuming was a barrier for several participants that felt like they simply did not have the bandwidth within their day-to-day lives to address their buried trauma and heal themselves to a point where BSS is achievable. Others also struggled with feeling like they were truly capable of devoting their energy inward or knowing where exactly to start. Linda (25 years old, cisgender bisexual Latina woman) remarked “I haven't figured out what I need in order to be able to let go of all of it,” and many echoed the sentiment of feeling they were standing in their own way to healing but had no notion of where to begin that work or what steps to take. The internal mental battle that results from this uncertainty contributed to many women not seeking out external supports or utilizing available resources.

Other women found that even through seeking support they were met with less-than-positive results. Priscilla recounted her experience using a nationwide telehealth platform:

the first therapist I talked to, tried to get me to recount the details of my life so we could figure out what really happened and figure it out if I actually wanted it to happen or not. And to bring it like, like, I went to his apartment for a reason. And I gave him mixed signals. And if I let him do this to me...So I have a lot of distrust as well, when it comes to thinking about seeking out resources specific to healing from my sexual assault. And so, I feel like, even with my new therapist, like she, I started seeing her a year ago, so like, a year after the assault, so I don't really talk to her much about it, because I think I'm scared because I don't know what people are gonna say. (24 years old, White heterosexual cisgender woman)

This personal experience with attempting to use resources and instead being blamed for her own assault led her to mistrust other providers that could contribute to her healing post-assault. Other women had negative experiences with women's healthcare providers who did not provide care in a trauma-informed manner. The discouragement that accompanied these instances of trying to seek help and being met with more shame and distrust served as an obstacle for the women that experienced it.

An additional obstacle to participant BSS attainment was a lack of education both for themselves and their support systems on consent, human sexuality, and sexual well-being. For some women, identifying what happened to them as a "sexual assault" was a

difficult process due to a lack of information. This created a sense of shame for them while they experienced the trauma of their experience without the proper understanding or terminology to acknowledge that it was wrong. Iris shared:

You know, it's interesting. I didn't even label it as a sexual assault for several years. I think my age and the fact that even though I lived in a very liberal household, I didn't get good education around consent. And so, I only- I'm sort of thinking through this out loud, if that's okay. I mean, after it happened, all I remember thinking is, "Gosh, that was weird. Gosh, I wonder why he did that." When I made it clear, I didn't want to like, the idea that I had been assaulted, never crossed my mind. I just knew I felt weird about it. And I really didn't want to see him again. (59 years old, White, currently asexual, cisgender woman)

Others identified a lack of comprehensive sex education as a barrier to BSS attainment through having an inadequate understanding of how to engage in the healthy or positive sexual behaviors that could contribute to healing. On top of not knowing where to begin or find this information, several women also experienced a sense of shame or apprehension about the act of seeking out the knowledge. Fiona (24 years old, race not specified, heterosexual cisgender woman) noted "I get self-conscious, weirdly, even looking information up" due to a conservative Christian upbringing and a lack of exposure to data sources that normalize being open and positive about sex.

Systemic Obstacles

Sixteen participants indicated that forces that exist on a more systemic level were also significant barriers to BSS attainment. Rape culture shows up in various and

pervasively negative ways for the women, one being in the cultural notion of what female sexuality “should” be. Regarding the differences in how she and her male partner are treated, Callie (25 years old, White queer cisgender woman) noted, “I feel constantly aware, I think of the way that, like, cis female sexuality is villainized.” The conflicting messages that women should be sexually desirable yet any woman who has sex is of lesser value create self-doubt for participants and an inability to truly achieve their BSS through a constant questioning of the validity of their own desires and past behaviors. These messages bleed into the idea that, as Stevie (20 years old, Latina, questioning her sexuality, cisgender woman) put it, “she got sexually assaulted, it’s because she made herself easy. She wanted it.” Victim-blaming played a role in preventing BSS attainment for participants both through being exposed to it in the media and receiving victim-blaming messages from the people around them.

Rape culture also manifested for participants through notions of what survivors of sexual assault “should be” or what that experience should mean for them. In terms of their desirability or value, nine women reported encountering the idea that their value as a woman in a relationship was tied to their engagement in sex. This took the form of engaging in sex when they did not feel safe or really want to in order to please their partner, or experiencing guilt and resentment over being perceived as a sexual being at all by a partner due to their personal aversion to sex that felt unsafe post-assault. Several women recounted experiences where consensual partners made incorrect assumptions about what they enjoyed sexually as a result of knowing that they were survivors. Others reported the notion that they were “broken” in some way because of their experience. On

the flip side of this, there was also the strong implication that their experience of sexual assault was not a big deal or that they should be “over it” quickly. Molly shared:

Society is very harsh on women who have experienced sexual assault like, "oh, well, what were you wearing? Were you drunk? Were you like, did you try to say no?" stuff like that, like, really inhibits it. Because it makes it feel like your feelings are invalid. And your experience just like, was something that should be considered normal when it shouldn't be considered normal.” (21 years old, White bisexual cisgender woman)

Six participants reported that identity-based forms of discrimination that are deeply embedded within U.S. culture were a significant obstacle in reaching one's BSS. Several lesbian, gay, bisexual, and/or queer (LGBQ) participants discussed the limitations of living in a conservative and homophobic/heterosexist culture and how they are unable to access the healing that could be accomplished through freely expressing and living in their LGBQ sexual orientation. This was attributed both to damage to interpersonal or familial relationships and a very real physical danger they associated with living openly as an LGBQ person. Iris (59 years old, White, currently asexual, cisgender woman) noted “I...live in a very, very red conservative state with pretty horrific track record around how the LGBTQ community is treated.”

Cultural beauty standards and ideas of femininity also play a role in blocking participants from attainment of their BSS. Helen shared that an internal battle with fatphobia caused her to question the validity of her partners’ desire for her. Opal (19

years old, White heterosexual cisgender woman) was affected by her perpetrator's porn use, noting "I can get in my head during sex and think like, 'oh, gosh, I don't- I'm not like a porn star.'" This notion that she should be acting like a porn star during sex both served to shame her and turn sex into a performance instead of a pleasurable experience; both aspects that she felt stood in the way of her becoming her BSS. Finally, others struggle with body image concerns and comparing themselves both to previous versions of themselves and what society considers an ideal female sexual being. Karina (26 years old, White heterosexual cisgender woman) remarked "there are definitely like, times where it's just so hard not to compare yourself to other people, and even not to compare yourself, you know, from who you were in the past." Factors like shifts in libido, pressure to conform with a specific (often thin) body-type, and preconceived notions about the sex lives of women that use a less modest styles of dress all contributed to the roadblock that cultural ideals of beauty and femininity to participants provided to embodying their BSS.

Process of Healing and Becoming One's Best Sexual Self

The processes that participants engaged in to heal themselves after sexual assault emerged as both internal psychological healing work as well as utilizing external supports and resources.

Taking Healing Action

Thirteen participants named specific actions they engaged in with the intention of furthering along their healing process. For the majority of these participants, one crucial thing they noted that helped them was engaging in individual and/or couples psychotherapy. The therapy space allowed them to process their own thoughts and

feelings related to the assault and re-gain a sense of security in themselves and the world around them. Bernadette (27 years old, White bisexual cisgender woman) noted “seeking therapy, it was such a healing experience.”

Eight participants also identified that doing activities with the intention of caring for their physical body helped them to heal and reclaim themselves. These activities included masturbation, attending to sensual needs like taking a bath or applying lotion to their skin, dancing cabaret, and exercising. For them, improving their body image and physical wellness during activities that did not all directly tie to sex resulted in an improvement the way that they perceive themselves as sexual beings.

Challenging Early Patriarchal Socialization Messages

All 19 participants noted that becoming aware of and challenging internalized negative messages about women’s sexuality that they received during their childhood and adolescence was an important part of working towards becoming their BSS after experiencing sexual assault. These messages came from their family of origin as well as the culture at large. Many participants noted the influence of Christian religion and purity culture. These negative messages included: women’s sexuality should be “repressed;” women's sexuality is “dangerous,” “evil,” “dirty,” and “shameful;” women’s sexuality should be centered around men; women are only valued for their bodies and ability to engage in sexual relationships with men; women should be “agreeable and nice and like, not be straightforward” (Fiona; 24 years old, race not specified, heterosexual cisgender woman), and women should accept inappropriate sexual encounters from men as normal. Several participants noted that once they became aware of these learned messages, the

knowledge cast a negative shadow over the memory of past experiences. Others identified that this increased understanding helped them to better process past assault experiences in a broader societal context. Iris recalled becoming aware of the prevalence of these messages and rape culture:

I get how that contributes to what happened to me and my minimization of it, or lack of understanding... Yeah, even the comedians that I used to laugh at, I mean, you know, it was a little cringe- it made me a little cringy. But, you know, I laughed along with everybody else. And now looking back with a wider lens, it's just like, oh my god, that was just, just, all part of rape culture. (59 years old, White, currently asexual, cisgender woman)

The process of deconstructing these messages was seldom accomplished alone. Several participants identified that exposure to other ways of life and people that were different from them helped them to identify and dismantle these negative messages. Abigail shared how learning from other people helped her counter internalized Christian purity culture messages:

So, it's actually been a real negative, and it's because again, of the religious, the religious messages where I live, and, I did participate in a faith community for a long time, I don't anymore, but the religious messages, like I internalized them, the Satan's using you, the Jezebel, the wicked woman. I had internalized those, and I had to really dig them out. So that had a real negative effect. Um, but I don't like, I don't identify with that or internalize that anymore. Um, so. I mean, if anything positive has happened, it's just been having the agency to step back and

learn and listen to other people's experiences. (54 years old, White heterosexual cisgender woman)

For many of these women, information seeking was important aspect of dismantling their internalized negative beliefs and experiencing an increased comfortability with themselves as sexual beings. Callie noted of her development in regards to how she views her sexuality:

Well, growing up, in like a Christian, like purity culture space, I actually feel like I was sexualized pretty young, because I think when you teach cis women that their bodies are tempting, like, from the very beginning, that's kind of sexualizing people pretty early. So, I kind of grew up aware of like, the weapon that my sexuality could be, and like how that could be damaging to other people. And then I think I, you know, started engaging with sex and really discovered the messages of sex not being like a safe, fun thing to explore. I was like, "wait, that's not true," and I really leaned into exploring my sexuality in like a very freeway (25 years old, White queer cisgender woman)

This exploration took the form of both seeking out ideas and engaging in sexual experiences that countered her previous idea of what sex should be like for women. Some participants found that finding validation and value in themselves that is not associated with their bodies was an important ingredient in being able to engage with sex in a new and more agentic way. Of her own journey, Bernadette shared “we're kind of told that message is like, ‘your worth is your body.’ I was like, no, I'm gonna find other aspects to really build on and incorporate into my identity.” (27 years old, White bisexual cisgender

woman). This also meant caring less about other learned ideals of womanhood, such as that women are supposed to always be submissive and accommodating, or as Bernadette put it, “fuck being nice.” The practice of living in alternative ways to what they learned women “should” be allowed participants to feel empowered and more able to work towards their BSS.

Participants discussed how healing post assault and working towards one’s BSS included first identifying and then combatting and rejecting negative societal messages that they had been taught about women’s sexuality through increased understanding of patriarchy and rape culture, discovering pleasure in their sexuality, learning that it was okay to be sexually agentic, finding self-worth that is not tied to their bodies, and combatting traditional, restrictive gender role messages.

Overcoming Blame, Shame, and Guilt

Within the cultural context of how survivors of sexual assault are regarded, there is a large push towards the idea that survivors are at fault for what happened to them and furthermore should feel both responsible and ashamed. For some participants, this narrative was pushed onto them by others and subsequently internalized. For others, it was something they themselves applied to their experience because of societal conditioning. The process of fighting against this heavy sense of shame, self-blame, and guilt associated with their experience of sexual assault proved to be an integral part of healing for 15 participants.

Being present within their physical body to combat their shame and trauma stood out for some participants. Of this part of her journey, Bernadette shared “when you are

right after an assault, like you feel betrayed by your body, oftentimes, or people tend to feel betrayed. I certainly did. And yeah, so I think learning how to love and accept my body was like a very big deal that happened.” (27 years old, White bisexual cisgender woman). Several participants identified this feeling of betrayal by their body, and that they had to very intentionally allow themselves to trust in their body in order to heal and dismantle the blame that they felt. Callie identified “I think I have gained permission again from myself, I think, to exist how I do in that space, but it definitely had a really big impact on the safety that I felt in my body. The safety that I felt in myself as someone who can advocate for themselves.” (25 years old, White queer cisgender woman).

Other participants found healing in being able to name their experience as a sexual assault, place the blame solely on the perpetrator, and eliminate their personal endorsement of or tie to ideas of personal responsibility for their assault. Several people identified a dissonance between their experience and the resulting feelings and their idea of what a sexual assault is or “should” look like. Helen found that, for her personal journey, it was very significant to be able to name what happened to her as “not my fault” and to recognize and process the faulty logic behind her thoughts that applied blame to herself. She noted:

I think like, one of the big things that I think about is, it was taking my power back. It was taking that moment of like, I felt shame, I felt guilt...And I still work through that of, you know, it was not my fault. I did not deserve that...I think that, that's a really big part of like, how I view myself as a sexual being, is that I feel

more powerful when I was able to process through my sexual assault. (38 years old, White bisexual cisgender woman)

This sense of personal power through relinquishing guilt and self-blame had a positive influence on her perception of herself as a sexual being.

Shame was a powerful force in keeping participants further away from their idea of their BSS, and the ability to heal from this allowed women to experience more positive expression of their sexuality.

Breaking the Silence

Silence is a powerful force in maintaining shame around sexual assault and victim-blaming narratives for survivors. Sexual violence is allowed to persist in part due to a lack of visibility both for survivors and for justice reaching perpetrators. For three participants, the act of confronting their perpetrator and naming the harm that they had done was a healing and validating experience. Of having that hard conversation, Callie (25 years old, White queer cisgender woman) said “I think that was- felt like empowering in terms of like feeling, like safe in my sexuality again.” For her, gaining the closure that her perpetrator now understood the harm he had done to her and the wrongness of what happened was crucial in her ability to move forward and enjoy her sexuality again.

Another powerful act within the healing process was seeking out community in fellow survivors. The experience of sharing about their assault and experiencing a supportive and open space to unpack their feelings and receive validation is very impactful. Linda shared:

Well, I have been getting like, a lot of help from my friends who know what happened to me. And also, because most, it's sad, but most of the women I know have been sexually assaulted at some point. So, by talking about it with my friends- with my woman, female friends, I feel like that helps me to heal a little bit. And yeah, I feel like they were like a really big part in me understanding that it wasn't my fault. So, like, just being able to talk about it. I feel like helps me a lot. (25 years old, Latina bisexual cisgender woman)

Rape culture tells these women to be silent and never “cause a scene” or recognize the magnitude of what happened to them with sexual assault. In contrast to this, sharing openly with a supportive community of women and fellow survivors is a significant source of healing and dismantling these cultural notions of silence and shame. There is power in speaking things aloud, and relying on a community that can very uniquely understand the experience and intersection of being a woman and a survivor.

Finding Healing and Growth in Safe Intimate Relationships

Fourteen women identified finding healing within their intimate relationships, or longing for this particular experience of growth through a relationship that they could feel safe in. Participants discussed the importance of safety, support, open communication, and consent in these relationships to reconnecting with their sexual selves and healing from fear and anxiety around having sex post-sexual assault. Priscilla (24 years old, White heterosexual cisgender woman) recounted an experience she had with a boyfriend after her sexual assault: “But you know, he was amazing in that aspect. Like, I always felt

safe. And I felt like I did have a voice, and I feel like that was really healing for me.”

Relatedly, Quinn shared:

[I benefitted from] the experiences that I had meeting my boyfriend, my current boyfriend, and having a very positive and intimate sexual relationship with him. And for us to be able to just be comfortable with each other. And for me to be comfortable around him and him to enforce the messages of you don't have to do anything that you don't want to. You don't want to do something, you don't have to do it. I don't question it. We just don't do that. And that was very positive for me. It makes me very comfortable.” (20 years old, White bisexual cisgender woman)

For these women, it took a corrective intimate experience to restore their sense of safety in their sexuality and trust in a partner to value their needs and desires. This ability to experience safety and be vulnerable with a sex partner appeared to be significant for the healing process following a sexual assault. On the opposite side of this, three participants shared their frustration and hurt around not yet experiencing this sense of safety or comfortability in their intimate relationships and longed for more partner support, understanding of their experiences, and validation of their feelings. Josie (27 years old, Asian American bisexual nonbinary person) shared, “like what I would need is just like a partner who I could take the time to like build all that [emotional intimacy] up with. I don’t think I’m currently getting that with my current partner, he kind of sucks.”

Relatedly, Abigail (54, White heterosexual cisgender woman)

noted, ““I wish my partner understood more like truly understood, because when I, if I felt truly understood as a woman, as a survivor, I could feel much more safe. And then feelings. Just frustration, you know, I just feel frustrated.” Taken together, the ability to experience safety and be vulnerable with a sex partner appeared to be significant for the healing process following a sexual assault.

Prioritizing One’s Own Sexual Well-being and Creating Healthy Boundaries

For 11 participants, allowing themselves to step into their power and use agency to create and enforce boundaries felt like a healing step away from the helplessness they experienced around their sexual assault. Molly shared:

I’ve definitely come to love myself a lot more during the process. And take, like understanding how important personal time in like prioritizing my own well-being is over prioritizing other people’s well-being to the detriment of my own. And being able to control the pace I want to take in like sexual experiences. (21 years old, White bisexual cisgender woman).

The empowerment that she experienced through putting priority on her own wants and needs sexually and more generally allowed her to heal and experience an increased sense of confidence and self-love.

Participants identified that the complete denial of their autonomy during sexual assault functioned to bring their attention to what it is they did want and need out of sexual encounters. Helen noted:

And so, I think the way that it has shaped it is that it gave me more of an understanding of what I never wanted again. And so, giving myself also like the

rights to say like, I'm uncomfortable in this situation, so I'm going to leave... I feel more confident in places where my consent and my body are respected. (38 years old, White bisexual cisgender woman).

Anti-Sexual Assault Advocacy and Giving Back

Eight women identified benefitting from engaging in advocacy work to support other survivors of sexual assault. These activities included doing scholarly research to support survivors, engaging in clinical work with survivors, working with organizations that advocate for survivors and directly support them at hospitals or in legal settings, and participating in this research study “as an effort to live that [my sexuality] as full as I can” (Iris; 59 years old, White currently asexual cisgender woman) and so that their own story may contribute to helping others in their healing process. For example, Bernadette (27 years old, White bisexual cisgender woman) described finding a sense of positivity around her sexuality through clinical and research work in graduate school and helping herself through helping others. She noted the importance of wanting to give back: “And after getting out of that relationship, and like seeking therapy, it was such a healing experience that I like, wanted to give that gift to others, which is why I am also, you know, in a clinical psych program.” Opal shared:

As morbid as it sounds, what I went through, created a pipeline of, you know, like, success for me, which I wouldn't obviously go through it again. But to an extent, like, I'm not, I'm aware that what I went through, has put me on a path to you know, great, like, for greater things and put them on a path for things I want to do in my life. Like, I want to do law, and I want to obviously protect girls. And

you know, I would never have done that had this been for this. And I know it's morbid to say, but you know, I am, to an extent, because it happened, I hope to do better things and be helping other people. And I'm, you know, if that had to be me that it had to happen to then that's what it was. But you know, I can help somebody else.” (19 years old, White heterosexual cisgender woman)

The ability to give of themselves in the interest of supporting other survivors gives a deeper meaning to the healing work these women are doing and acts as another form of breaking the culture of silence around sexual assault and working towards attainment of their BSS.

One’s Best Sexual Self is Liberated

A common thread within the idea of BSS for 14 participants is the idea of liberation. When describing the impact of sexual assault, many women described various external forces and the internalization of said forces that kept them trapped in certain relationships, patterns, or healing stages. In opposition to this, when asked to imagine their BSS participants also described the joy that could stem from a freedom from these oppressive forces. Helen named:

I think for me, like, thinking of my best sexual self is in those moments of just being completely liberated, not feeling the confines of like societal expectations, not feeling the confines of like, monogamy, not feeling the confines of body size and shape or, you know, any of that, like just really being liberated and free in those moments. (38 years old, White bisexual cisgender woman)

These ideas are distinct from dismantling the internalized oppressive societal messages that participants discussed; rather, it is a desire to exist completely outside of a world where such oppression exists. Participants presented their thoughts in a hypothetical way, rather than as an achievable goal.

Another aspect of this liberation had to do with physical location and the local culture of the places participants lived in. Three women all noted their desire to exist in a space where they felt liberated from homophobia and biphobia specifically, and that their BSS could live openly as a queer woman. The integration of all aspects of their identity and ability to live freely without a fear of oppression or danger was salient when considering their ultimate, idealized BSS. For example, Eva (28 years old, White bisexual cisgender woman) shared, “But I have had some negative reactions to the fact I'm bi. So, I think if I was anything to like, improve, I would probably be like, just surrounded by people who accept sexuality in all forms. And not very close-minded.”

The women that expressed ideas aligned with this theme have a hopeful and genuine desire to embody their full selves without any fear or apprehension, to live a life of ease, and to experience freedom from external oppressors and the internal battles that their assault trauma leads them into. While acknowledging that this fully free BSS may be unattainable in reality, participants still maintained an energy of resilience and hope. Iris summed it up well, saying

the best version of my sexual self, I mean, I think it's probably integrated with every other ideal version of myself, it's not separate and apart. It's all connected. And so, my ideal version of my sexual self would be full of self-love and self-

compassion and fullness and wholeness. Without, you know, with no shame, no embarrassment, no questioning about the validity of my experience. And, and then I could live that in a very visible form. So that it's not something that's just true in the privacy of my home, but it's true in community as well. And in my work. (59 years old, White currently asexual cisgender woman)

CHAPTER 5 DISCUSSION

In this study, we examined the sexual well-being of survivors of sexual assault using Lorimer et al.'s (2022) capability approach to sexual well-being, which provides a more varied and complex picture of sexual well-being and acknowledges that individuals often differ in their ability and freedom to achieve sexual well-being based on individual, interpersonal, and systemic factors. Through recognition of nuance and factors outside of an individual's control, the capability approach empowers individuals to define things like sexual well-being and the idea of "Best Sexual Self" for themselves. We found that survivors experience differences in how they embody and express their sexuality post-assault, are likely to develop negative views of men after being sexually assaulted, struggle against both systemic and logistical obstacles to healing from their sexual assault, find healing through internal psychological processes as well as using resources available to them, and view their "Best Sexual Self" as someone who is liberated from many different forms of oppression. Findings suggest that survivors engage in a complex process involving psychological shifts and translating them into actions in the external world to conceptualize and engage with their sexuality following sexual assault. Our data captured aspects of the healing journey and sexual well-being of survivors at an individual, interpersonal, and systemic levels.

Prior research supports links between sexual trauma, and a negative sexual self-schema, sexual dysfunction, and reduced sexual satisfaction (Dimauro et al, 2018; Lipinski & Beck, 2022). Consistent with this previous research, we found that many of our participants reported experiencing increased guilt, reduced closeness with partners,

and less sexual arousal. Our participants reported that the disconnection they experienced between the physical and emotional aspects of sex contributed to a significant reduction in their enjoyment of sex post-assault. Sexual assault and the resulting sexual trauma changed the way that they participated in sex and reduced or eliminated the pleasure that they felt they were able to derive from the act. The function of sex also shifted for some participants to having sex with the intention of re-gaining the control they felt they lost in their assault, rather than having sex for pleasure or intimacy with their partner. This change resulted in less closeness with partners through sex, and the re-defining of sexual activity to exclude pleasure also meant less arousal for some women during the act. Women reported powerful feelings of shame, guilt, and danger related to sex that altered how they engage in sexual activity. Participants' journeys to overcome this blame, shame, and guilt over their sexual assault were a salient point in healing for the majority of our sample. This is consistent with research on self-blame for survivors of sexual assault that suggests a bidirectional link between self-blame and mental health symptoms (Frazier, 2003).

Our findings support prior research on coping behaviors utilized by survivors of sexual assault to heal from their experience, however a novel finding was some participants' shift to only engaging with female partners post-assault. This suggests a sense of safety from sexual violence in non-heterosexual romantic and sexual activity that prior research has not identified when conceptualizing queer relationships. This result does support the finding that woman-identified survivors experienced increased pleasure from sex with women following sexual assault (O'Callaghan & Lorenz, 2024), but our

data is distinct in the aspect of intentionally engaging solely with other woman partners. Both our study and the work of O’Callaghan & Lorenz (2024) saw participants identify the meaningful emotional connection and better communication they experienced with woman partners. It is also possible that the negative beliefs towards men that many participants reported partially accounted for this effect, although not all those who endorsed said beliefs shifted to only sexually engaging with women.

Beyond internal symptoms experienced by individuals, the impact of sexual assault on relationships was also pervasive in our results. Survivors identified the healing power of being with partners that encouraged their sense of sexual agency and respected their consent and boundaries. Although research identifies that survivors are less likely to report a secure attachment style (Schnittker, 2022), we found there is a significant sense of healing in restoring or re-discovering secure attachment with a romantic partner. This finding reflects other qualitative data on survivors finding healing through positive sexual relationships post-assault (O’Callaghan & Lorenz, 2024). On a non-romantic level, participants reported significant benefit from finding community with other survivors of sexual assault and being able to share their stories with supportive people that can more intimately understand their experience. This enthusiasm for community extended into healing through activism work. Literature supports the benefits of anti-sexual assault activism for survivors (Strauss Swanson & Szymanski, 2020), and participants reported that they benefitted both from being able to connect with other survivors and “pass on” the lessons they learned through their own healing work to others. These findings are

consistent with the literature suggesting supportive interpersonal interactions around sexual assault have a positive impact on survivors (Nolin et al., 2022; Ullman, 2023).

The impacts of rape culture appeared on not only a systemic level but then trickled down to affect participants' interpersonal relationships and personal worlds. Literature supports the link between rape myths and multiple forms of systemic discrimination (Suarez & Gadalla, 2010). It is possible that beyond healing benefits, community with other survivors may act as a buffer to the negative impacts of rape myths given that knowing another survivor has been found to be related to less rape myth acceptance (Citera, 2024). Participants also found that directly combatting the notion of "silence" promoted by rape culture through sharing their experience helped them to heal. For individuals, we found that an increased awareness of how rape myths function was helpful; for participants to better understand their experiences and shed some of the blame they initially laid on themselves. Where the victim-blaming ideas promoted by rape culture instilled blame, shame, and guilt, survivors found meaningful healing by recognizing and overcoming the internalization of these messages and helping others to do the same.

Despite these important realizations for healing on an individual level, numerous participants also expressed frustration with the institutions designed to aid them and a mistrust of support resources due to negative experiences with providers and administration. This frustration and mistrust both resulted from and reinforced more subjective obstacles they experienced to healing such as a perceived lack of energy to address their trauma and apprehension around taking the steps to access external

supports. Interplay between the logistical and systemic obstacles survivors faced creates a complicated picture when considering how to dismantle them. The systems designed to support survivors of sexual assault are not functioning at maximum effectiveness, and several survivors reported encountering rape myths and other negative ideals in the very people that they approached for aid such as medical professionals or law enforcement. This is evidence for a systemic issue that results in survivors being reluctant to access external supports or achieve as much healing as they feel capable of due to broader cultural notions such as misogyny and rape myths in particular.

Limitations and Future Directions

A study limitation is the Zoom call nature of the interviews. Only two participants opted to keep their cameras on during the interview, meaning that the interviewer did not have access to viewing participant body language or other nonverbal behaviors that could have heightened understanding of participant responses and provided more rich data. Conversely, having camera function as an option ensured participants could feel comfortable disclosing such vulnerable information to the interviewer and offered an extra layer of privacy to the participation process.

Another study limitation is the demographic make-up of our sample. Although diverse in race and sexual orientation, the majority of participants are highly educated or in the process of getting a higher education degree. All of our participants also self-identified as women. This is not reflective of the general population and excludes important demographics of survivors that may be even more vulnerable due to various forms of systemic discrimination. Further study is needed with a more gender diverse

sample, as well as one that includes those with less formal education. It is important to understand the content of the study from the lens of minority groups in order to grasp the full nuance of the survivorship experience and the intersectionality in ways that the current systems fail to support survivors of sexual assault. This data is also key in understanding the sexual well-being of under-studied groups like gender minorities and low-SES people who may have less access to reproductive healthcare.

Given that results demonstrate the power of systems-level forces to influence an individual's sense of sexual well-being, future studies could examine how specific forms (racism, classism, homophobia/heterosexism) impact sexual well-being and an individual's perceived ability to embody their BSS. The application of the capability approach in this context lends a unique and impactful lens to the study of survivors and sexual well-being; subsequent studies could apply this approach to the well-being attainment of other vulnerable groups. Future research could also build on this data to formulate quantitative studies that (a) investigate how trauma from interpersonal violence impacts sexual well-being; (b) develop a new measure to assess sexual well-being taking into account individual, interpersonal, and systemic factors together, (c) and examine predictors of confidence in BSS attainment following sexual assault.

Practice Implications

Our results have important implications for clinicians working with clients that are survivors of sexual assault. Although each survivor has a different story and experience, it may be useful for providers to have an idea of common struggles in the healing process that they could anticipate coming up in the course of working with

survivor clients. In addition to this, knowledge about what helped survivors to overcome some of these obstacles is useful in being able to suggest meaningful activities and supports for them to seek out in addition to therapy. It also may be beneficial for male clinicians to note the negative beliefs about men that the majority of our sample endorsed and to be sensitive to this in their work with survivors.

Findings on the benefits of sharing their stories and finding community with other survivors also serve a clinical purpose. Providers may consider starting or referring clients to a support group for survivors to connect them with this communal healing. It is also significant to note the healing power in hearing and sharing in a survivor's story, and clinicians should pay special attention to the importance of this in their work. Supportive individuals have a positive impact just as much as support groups, and this power should be wielded by providers with intentionality.

Our results support the significance of sexual well-being to overall well-being and healing from sexual assault. This is an area that clinicians may overlook in their efforts to address the trauma following a sexual assault, but findings emphasize its importance to the “big picture” of healing from assault. Factors that impact survivors' sexual well-being and BSS attainment also overlap with their overall sense of security in themselves and well-being. Furthermore, results reflected that restoring the safety a woman feels in her body is an important piece of healing from sexual assault and clinical work that addresses sexual wellness can be a useful tool in helping to restore this. Sex therapy resources can be a useful tool to incorporate into treatment in order to provide a comprehensive and maximally effective therapy experience.

Beyond clinical practice, educators and advocates can also use our findings in their work. Data on the sexual well-being of survivors of sexual assault is of particular importance to sex educators given high prevalence rates of sexual violence. Non-psychology care providers can also utilize our findings to be able to better support survivors they may encounter in their work. Additionally, our findings on the ways that institutions have failed survivors can inform and support the work of advocates looking to promote systemic-level change. It is particularly important for those working to challenge systemic norms to have data directly from those that the systems are failing. The liberation that many in our sample identified as necessary to healing is possible with intentional work towards change and dismantling systems like rape culture.

REFERENCES

- Ahrens, C. E., & Aldana, E. (2012). The ties that bind: Understanding the impact of sexual assault disclosure on survivors' relationships with friends, family, and partners. *Journal of Trauma & Dissociation*, 13(2), 226–243.
<https://doi.org/10.1080/15299732.2012.642738>
- Anderson, G. D., & Overby, R. (2021). The impact of rape myths and current events on the well-being of sexual violence survivors. *Violence Against Women*, 27(9), 1379-1401. <https://doi-org.utk.idm.oclc.org/10.1177/1077801220937782>
- Armstrong, E. A., Gleckman-Krut, M., Johnson, L. (2018). Silence, power, and inequality: An intersectional approach to sexual violence. *Annual Review of Sociology*, 44, 99-122. <https://doi.org/10.1146/annurev-soc-073117-041410>
- Braun, V., & Clarke, V. (2021). *Thematic analysis: A practical guide*. Sage.
- Campbell, R., Dworkin, E., Cabral, G. (2009). An ecological model of the impact of sexual assault on women's mental health. *Trauma, Violence & Abuse*, 10(3), 225-246. <https://doi.org/10.1177/1524838009334456>
- Citera, D. S. (2024). *Change in rape myth acceptance as a function of sexual assault experiences: A prospective analysis* (Publication No. AAI28320083) [Doctoral dissertation, St. John's University]. ProQuest Information & Learning.
https://gateway-proquest-com.utk.idm.oclc.org/openurl?url_ver=Z39.88-2004&rft_val_fmt=info:ofi/fmt:kev:mtx:dissertation&res_dat=xri:pqm&rft_dat=xri:pqdiss:28320083

- Conoscenti, L. M., & McNally, R. J. (2006). Health complaints in acknowledged and unacknowledged rape victims. *Journal of Anxiety Disorders*, 20(3), 372-379.
<https://doi.org/10.1016/j.janxdis.2005.03.001>
- Creswell, J. W. (2007). *Qualitative inquiry and research design: Choosing among five approaches* (2nd ed.). Sage.
- DiMauro, J., Renshaw, K. D., & Blais, R. K. (2018). Sexual vs. non-sexual trauma, sexual satisfaction and function, and mental health in female veterans. *Journal of Trauma & Dissociation*, 19(4), 403-416.
<https://doi.org/10.1080/15299732.2018.1451975>
- Dworkin, E. R., Brill, C. D., & Ullman, S. E. (2019). Social reactions to disclosure of interpersonal violence and psychopathology: A systematic review and meta-analysis. *Clinical Psychology Review*, 72, 101750.
<https://doi.org/10.1016/j.cpr.2019.101750>
- Dworkin, E. R., Menon, S. V., Bystrynski, J., & Allen, N. E. (2017). Sexual assault victimization and psychopathology: A review and meta-analysis. *Clinical Psychology Review*, 56, 65-81. <https://doi.org/10.1016/j.cpr.2017.06.002>
- Filipas, H. H., & Ullman, S. E. (2001). Social reactions to sexual assault victims from various support sources. *Violence and Victims*, 16(6), 673-692.
- Forkus, S. R., Raudales, A. M., Kiefer, R., Contractor, A. A., & Weiss, N. H. (2024). Posttraumatic stress symptoms and risky alcohol use: The roles of negative social reactions to sexual assault disclosure and trauma-related shame. *Psychological*

- Trauma: Theory, Research, Practice, and Policy*, 16(4), 596–602.
<https://doi.org/10.1037/tra0001396>
- Frazier, P. A. (2003). Perceived control and distress following sexual assault: A longitudinal test of a new model. *Journal of Personality and Social Psychology*, 84, 1257-1269. <https://doi.org/10.1037/0022-3514.84.6.1257>
- Garneau-Fournier, J., McBain, S., Torres, T., & Turchik, J. (2017). Sexual dysfunction problems in female college students: Sexual victimization, substance use, and personality factors. *Journal of Sex & Marital Therapy*, 43(1), 24-39.
<https://doi.org/10.1080/0092623X.2015.1113595>
- Hamrick, L. A., & Owens, G. P. Exploring the mediating role of self-blame and coping in the relationships between self-compassion and distress in females following the sexual assault. *Journal of Clinical Psychology*, 75, 766–779.
<https://doi.org/10.1002/jclp.22730>
- Haverkamp, B. E. (2005). Ethical perspectives on qualitative research in applied psychology. *Journal of Counseling Psychology*, 52, 146-155.
<https://doi.org/10.1037/0022-0167.52.2.146>
- Hutschemaekers, G. J. M., Zijlstra, E., de Bree, C., Lo Fo Wong, S., & Lagro-Janssen, A. (2019). Similar yet unique: The victim's journey after acute sexual assault and the importance of continuity of care. *Scandinavian Journal of Caring Sciences*, 33(4), 949–958. <https://doi.org/10.1111/scs.12693>

- Kelley, E. L., & Gidycz, C. A. (2019). Posttraumatic stress and sexual functioning difficulties in college women with a history of sexual assault victimization. *Psychology of Violence*, 9(1), 98-107. <https://doi.org/10.1037/vio0000162>
- Keshet, H., & Gilboa-Schechtman, E. (2019). The focality of sexual trauma and its effects on women's symptoms and self-perceptions, *Psychology of Women Quarterly*, 43(4), 472-484. <https://doi.org/10.1177/0361684319861100>
- Lipinski, A. J., Beck, J. G. (2022). Sexual functioning and satisfaction among college survivors of sexual violence: Examining PTSD symptoms and sexual schemas. *Journal of Interpersonal Violence*, 37(3-4), NP2408-NP2427. <https://doi.org/10.1177/0886260520935483>
- Lonsway, K. (1999). *Illinois Rape Myth Acceptance Scale (IRMA)* [Database record]. APA PsycTests. <https://doi.org/10.1037/t05370-000>
- Lorimer, K., Greco, G., & Lorgelly, P. (2022). A new sexual wellbeing paradigm grounded in capability approach concepts of human flourishing and social justice. *Culture, Health, & Sexuality*. <https://doi.org/10.1080/13691058.2022.2158236>
- Moore, B. M., & Baker, T. (2018). An exploratory examination of college students' likelihood of reporting sexual assault to police and university officials: Results of a self-report survey. *Journal of Interpersonal Violence*, 33(22), 3419-3438. <https://doi.org/10.1177/0886260516632357>
- Nolin, M. C., Bõthe, B., Bergeron, S., Godbout, N., Daspe, M. È., & Vaillancourt-Morel, M. P. (2023). Social reactions to disclosure of sexual violence in adulthood and women's sexuality: The mediating role of shame and guilt. *Journal of Sex &*

- Marital Therapy*, 49(3), 270–286.
- <https://doi.org/10.1080/0092623X.2022.2099495>
- Nussbaum, M. C. (2011). *Creating capabilities*. Harvard University Press.
- O’Callaghan, E. & Lorenz, K. “I think I just like having sex”: A qualitative study of sexual assault survivors and their sexual pleasure. *Sex Roles*, Advance online publication. <https://doi.org/10.1007/s11199-024-01491-0>
- Orchowski, L. M., Untied, A. S., & Gidycz, C. A. (2013). Social reactions to disclosure of sexual victimization and adjustment among survivors of sexual assault. *Journal of Interpersonal Violence*, 28(10), 2005–2023.
- <https://doi.org/10.1177/0886260512471085>
- RAINN. (2020). *Campus sexual violence: Statistics*.
- <https://www.rainn.org/statistics/campus-sexual-violence>.
- Schnittker, J. (2022). What makes sexual violence different? Comparing the effects of sexual and non-sexual violence on psychological distress. *SSM- Mental Health*, 2, 100115. <https://doi.org/10.1016/j.ssmmh.2022.100115>
- Sen, A. (1985). *Commodities and capabilities*. Oxford University Press.
- Smith S. G., Zhang X., Basile K. C., Merrick M. T., Wang J., Kresnow M., & Chen J. (2018). *The National Intimate Partner and Sexual Violence Survey (NISVS): 2015 data brief—updated release*. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
- <https://stacks.cdc.gov/view/cdc/60893>

- Strauss Swanson, C. & Szymanski, D. (2020). From pain to power: An exploration of activism, the #MeToo movement, and healing from sexual assault trauma. *Journal of Counseling Psychology*, 67(6), 653-668.
<http://dx.doi.org/10.1037/cou0000429>
- Suarez, E., & Gadalla, T. M. (2010). Stop blaming the victim: A meta-analysis on rape myths. *Journal of Interpersonal Violence*, 25(11), 2010-2035. <https://doi.org/10.1177/088626050935450>
- Ullman, S. E. (2023). Correlates of social reactions to victims' disclosures of sexual assault and intimate partner violence: A systematic review. *Trauma, Violence, & Abuse*, 24(1), 29-43. <https://doi-org/10.1177/15248380211016013>
- World Health Organization. (2006). *Sexual health and well-being*.
[https://www.who.int/teams/sexual-and-reproductive-health-and-research-\(srh\)/areas-of-work/sexual-health](https://www.who.int/teams/sexual-and-reproductive-health-and-research-(srh)/areas-of-work/sexual-health)
- Yehuda R., Lehrner A., & Rosenbaum T. Y. (2015). PTSD and sexual dysfunction in men and women. *Journal of Sexual Medicine*, 12(5), 1107–1119.
<https://doi.org/10.1111/jsm.12856>

APPENDIX

Semi-Structured Sexual Well-Being After Sexual Assault Interview Protocol

Please think about your experience of sexual assault in adulthood when answering this series of questions. If you have had more than one experience of non-consensual sexual contact in adulthood, please think about the experience that was the most traumatic or salient for you to answer this series of questions.

I will be asking you about yourself as a “sexual being.” To help you know what I mean when I say “as a sexual being,” I would like you to think about your personal thoughts and feelings associated with your sexuality, your body, and sexual activity. If it seems important, you can connect your thoughts and feelings about yourself as a sexual being to past, current, or future sexual experiences or relationships.

1. How do you currently view yourself as a sexual being?
2. What experiences, relationships, and family and societal messages do you think contribute to this view of yourself?
3. How has your experience of sexual assault affected (or not affected) your view of yourself as a sexual being/how you express your sexual desire/embody and express your sexuality? Has this changed over time, and if so, how?
Follow-up probe if needed: 3a. Has there been anything (experiences, thoughts, relationships) that you think affected this view in a positive way following your experience of sexual assault?
Follow-up probe if needed: 3b. Has there been anything (experiences, thoughts, relationships) that you think affected this view in a negative way following your experience of sexual assault?
Follow-up probe if needed: 3c. What did previous versions of that view look like, prior to experiencing the most traumatic or salient incident of sexual assault? If there have been multiple changes that you can identify, please explain each one.
4. What positive thoughts and feelings, if any, do you have about yourself as a sexual being?
Follow-up probe if needed: 4b. What do you consider to be positive and/or pleasurable aspects of your sexuality?
5. What negative thoughts and feelings, if any, do you have about yourself as a sexual being?
6. What do you imagine when you think of the idea of “the best version of your sexual self?”

7. What do you need to be the best version of your sexual self? Are you currently getting what you need?
8. What facilitates or helps you to be the best version of your sexual self?
9. What inhibits or gets in the way of you being best version of your sexual self?
10. What do you do to get your sexual needs met, if anything?
11. How much do you feel that you are free and able to get what you need in order to be the best version of your sexual self? What thoughts, feelings, or circumstances impact this, if any?
12. What has your sexual behavior (frequency, partners, safety, etc.) been like following the most traumatic or salient incident of sexual assault? How is this the same or different from how it was before?
13. Is there anything else you would like to share that would help us understand your views of yourself as a sexual being and/or how that has been affected by sexual assault?

Table 1

Participant demographic data

Participant	Age	Sex	Gender Identity	Sexual Orientation	Race/ Ethnicity	Educational Level	Social Class
Abigail	54	Female	Woman	Heterosexual	White	Bachelor's degree	Upper middle
Bernadette	27	Female	Woman	Bisexual	White	In graduate school	Poor
Callie	25	Female	Woman	Queer	White	In graduate school	Working
Demetra	28	Female	Woman	Heterosexual	Not specified	Graduate degree	Working
Eva	28	Female	Woman	Bisexual	White	In graduate school	Upper middle
Fiona	24	Female	Woman	Heterosexual	Not specified	Graduate degree	Upper middle
Gabrielle	24	Female	Woman	Bisexual	Not specified	In graduate school	Working
Helen	38	Female	Woman	Bisexual	White	In graduate school	Working
Iris	59	Female	Woman	Currently asexual	White	Graduate degree	Upper middle
Josie	27	Female	Woman + Genderqueer	Bisexual	Asian	In graduate school	Lower middle
Karina	26	Female	Woman	Heterosexual	White	Graduate degree	Upper middle
Linda	25	Female	Woman	Bisexual	Latina	Graduate degree	Working
Molly	21	Female	Woman	Bisexual	White	In college	Upper middle
Naomi	20	Female	Woman	Heterosexual	Latina	In college	Upper middle
Opal	19	Female	Woman	Heterosexual	White	In college	Upper middle
Priscilla	24	Female	Woman	Heterosexual	White	In graduate school	Not sure
Quinn	20	Female	Woman	Bisexual	White	In college	Lower middle
Ruth	20	Female	Woman	Heterosexual	Black	In college	Working
Stevie	20	Female	Woman	Questioning	Latina	In college	Poor

Table 2

Themes and Number of Cases

Theme/subtheme	<i>n</i> of cases
1. Alterations in Sexuality due to Sexual Assault(s)	
No or limited sexual desire	10
Engaging only with women sexually	5
Trying to regain power and control	12
Disconnection of physical and emotional self during intimacy	12
The body as armor	5
2. Negative Views of Men Post Sexual Assault	11
3. Obstacles to Attaining One's Best Sexual Self	
Logistical obstacles	17
Systemic obstacles	17
4. Process of Healing and Becoming One's Best Sexual Self	
Taking healing action	13
Challenging early patriarchal socialization messages	19
Overcoming blame, shame, and guilt	15
Breaking the silence	15
Finding healing and growth in safe intimate relationships	14
Prioritizing one's own sexual well-being and creating healthy boundaries	11
Anti-sexual assault advocacy and giving back	8
5. One's Best Sexual Self is Liberated	14

Note. Total sample included 19 participants.

VITA

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