

**PATHS TOWARDS HEALING: CAN FORGIVENESS PRACTICES HELP
SURVIVORS OF DATE RAPE OVERCOME TRAUMA?**

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PATHS TOWARDS HEALING: CAN FORGIVENESS PRACTICES HELP SURVIVORS OF
DATE RAPE OVERCOME TRAUMA?

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Abstract

There is a lack of research in regard to the impact of forgiveness practices in overcoming psychological trauma of date rape survivors. The purpose of this study is to examine the relationship between the use of forgiveness practices and overcoming the trauma of date rape. This study explored the progress of eight women who were survivors of date rape as they process their own personal trauma in relation to forgiveness practices. Qualitative data were collected by semi-structured and follow-up interviews. Data analysis identified five key themes: 1) Forgiveness means letting go of the hurt and pain; 2) Forgiveness is for the benefit of the survivor and not the perpetrator; 3) Forgiveness relieves a survivor from experiencing anger and other negative emotions; 4) Forgiveness shifts one's view of self from victim to survivor; and 5) Forgiveness empowered the survivor to show empathy towards others. Descriptions of themes are provided along with participant quotes. The results of the study indicate that forgiveness practices can be included in psychotherapy for the benefit of the date rape survivor. Implications of forgiveness practices in a psychotherapeutic environment for date rape survivors, strengths, limitations, and directions for future research are further discussed in this study. This Dissertation is available in Open Access at AURA: Antioch University Repository and Archive, <http://aura.antioch.edu> and OhioLink ETD Center, <http://www.ohiolink.edu/etd>. *Keywords:* Forgiveness, date rape, trauma, intervention, recovery, psychotherapy, and empowerment.

Dedication

I dedicate this to the inspirational women who came forward to tell their powerful stories of pain, courage, and triumph so this research study could be conducted.

“Nothing can dim the light which shines within”

Maya Angelou

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Chapter I: Introduction

This study will examine whether treatment with a focus on the process of forgiveness as counseling intervention, working in conjunction with other therapeutic approaches, can positively impact the trauma experienced by survivors of date rape. Date/acquaintance rape is a phenomenon that is growing rapidly and impacts many lives. Rape is defined as nonconsensual sex (oral sex or penetration to the vagina or anus with a penis or object) perpetrated against someone by force or threat (Benson, Charlton & Goodhart, 1992; Marx, Van Wie, & Gross, 1996; Wyatt, 1992).

Background of the Study

There are four different, legally defined, types of rape: (a) sexual assault, committed by a stranger unknown to the victim, (b) date/acquaintance rape, which is perpetrated by someone the victim has dated or knows casually, (c) marital rape, and (d) partner rape (Botta & Pingree, 1997; Marx et al., 1996). In addition, there is another form of rape, which is not by any legal definition considered rape: sexual victimization, which is when the victim is intimidated to have sex through harassment and threats (Botta & Pingree, 1997). The primary difference in the types of rape is in the degree of the relationship the victim has with the perpetrator. For perpetrators who know their victims the act is often premeditated and driven by sexual desire, power, and control. According to Matsakis (2003), the perpetrator's degree of rape can be categorized into three different drives: 1) power —perpetrator perceives themselves as weak or powerless, feels the need to assert their power by degrading, and making their victim seem small and weak through the act of sexual assault; 2) anger —perpetrator acts out his/her anger through the act of sexual assault; and 3) sadism—perpetrator finds satisfaction in humiliating and hurting their victim by using foreign objects in their sexual assault. Aggressive forms of rape are usually by a stranger

(Cowan, 2000; Marx et al., 1996). Holcomb & Holcomb (2011) reported, “Most sexual assault perpetrators are white, educated, middle-class men” (p.33).

The current incidence rate of date/acquaintance rape is quite high (Amir, 1975; Cowan, 2000; Kanin, 1957; Koss, Gidycz, & Wisniewski, 1987; Koss & Harvey, 1987, 1991; Marx et al., 1996; Rabkin, 1979; Russell, 1984; World Bank, 1993). Of the four types (stranger, acquaintance, date, and partner rape) of rapes committed, 84% are date rape. (Cowan, 2000; Koss et al., 1987; Russell, 1984). According to Hammond, Berry, and Rodriguez (2011), “The rape of a woman is a violent and alarmingly common crime, often committed by the men the victims know and trust” (p. 243). What have become more prevalent and alarming are incidences of rape among college students. Koss, Gidycz, and Wisniewski (1987) studied incidences of rape among college students and found that 15.4% of women report that they were raped (according to the legal definition of rape) and 12.1% reported experiencing an attempted rape (Lanier & Green, 2006). Eight out of 10 women survivors report knowing the perpetrator of the rape (Koss, 2006). According to Wilson, Calhoun, and Bernat (1999), “54% women report having experienced some form of sexual victimization and 25% of college men admitted to engaging in coercive sexual behavior” (Koss et al., 1987, p. 705).

Typical societal beliefs about gender roles view men as aggressors and women as victims (Aosved, Long, & Voller, 2011). The stereotype has been that women are only viewed as victims (Aosved et al., 2011; Tjaden & Thoennes, 1998). Yet, there is clear evidence to suggest that men experience rape, and not only in prison, where it is common (Davies, 2002). However, based on current studies there appears to have been an underreporting of male rape cases. Koss and Harvey (1991) reported that 1 in 12 men admitted to experiencing sexual assault. Researchers found that 0.6% to 8.3% of male college students reported sexual

assault as adults (Aosved et al., 2011; Coxell, King, Mezey, & Gordon, 1999; Elliott, Mok, & Briere, 2004; Martin et al., 1998; Sorenson, Stein, & Siegel, 1987). However, due to men underreporting sexual assault, because of the negative stigma surrounding rape, there has been a lack of research on male survivors of rape (Aosved et al., 2011). Because of the lack of research on, and lack of self-report by male survivors of rape, this study will be focused on the healing process for female survivors following a date rape.

Statement of the Problem

The practice of survivors forgiving their perpetrator has been only lightly touched upon as an aspect of psychotherapeutic treatment. In exploring the research, a study was found by Davidson et al (2013) that examined sexual violence and forgiveness among college women. According to Davidson et al. (2013), “Sexual violence was significantly and positively correlated with avoidance and revenge, although yielding significant negative correlations with benevolence, forgiveness of self, forgiveness of others, and forgiveness of uncontrollable situations” (p. 1046). This researcher believes that there needs to be more knowledge on the subject of forgiveness practices in trauma focused aimed to assist date rape survivors in establishing a healthy sense of self and well-being. “Knowledge of what influences a victim to successfully recover from his or her traumatic experiences will make it possible for effective prevention and intervention programs to be created” (Morrowet, Clayman, & McDonagh, 2012, p. 1). Forgiveness incorporated into therapeutic practices needs to be explored to see if it will be effective in treating date rape survivors. William West (2001) states as more of a general assertion that, “There is a lack of recognition of the key role of forgiveness in psychological healing” (p. 416). The role of forgiveness in therapy could be critical to alleviating anger, and other negative emotions, resulting from the date rape. According to Enright & Fitzgibbons

(2000), “A key feature of forgiveness therapy is understanding, confronting, and reducing or even eliminating anger” (p.15). Date rape survivors can benefit from working through their anger, shame, and guilt in order to move towards the phases of forgiveness (uncovering phase, decision phase, work phase, and deepening phase) in order to have a healthy level of functioning (Enright & Fitzgibbons, 2000).

Purpose of the Study

The purpose of this study is to examine the use of forgiveness as an intervention approach to aid people in overcoming the trauma of date rape. Restoration of survivors is an important part of healing. In investigating date rape and forgiveness, this researcher’s goal is show how forgiveness may be an integral part of the psychological healing process.

Most survivors feel that they no longer have control over their lives, because their perpetrator has taken away important aspects of their identity, and they have less control over their feelings. Emm and McKenry (1988) report finding in an earlier study of healing process of victims of date rape that, “Until they accepted responsibility for changing their reactions, they felt revictimized by their own feelings and by the behavior over which they felt no more control than they did during the rape” (p. 275).

Research Questions

This qualitative study seeks to explore the narratives of women who had experienced date rape, and their ideas and experiences around forgiveness. The following research questions will be explored:

1. Can forgiveness aid in initiating the healing process needed for the survivor to overcome the psychological trauma of date rape?
2. Even more, is forgiveness of the perpetrator a crucial part of the healing process?

3. Does forgiving the act of sexual violence help the survivor move towards acceptance of self and others?

Definitions

There are many definitions of forgiveness, whether religious or psychologically based. Holley (2010), a Christian minister, believes, “Forgiveness is an act of obedience to God’s will that leads us into peace and freedom from anger, hatred, and guilt” (p. 15). After exploring several definitions of forgiveness in the literature, this researcher has chosen the definition provided by Enright and Coyle (1998) to use in this study, because of its simplicity and nonreligious basis. They defined forgiveness as

A freely made choice to give up revenge, resentment, or harsh judgments towards a person who caused a hurt, and to strive to respond with generosity, compassion, and kindness towards the person. . . . Importantly, forgiveness is not condoning, excusing, denying, minimizing, or forgetting a wrong. (quoted in Toussaint, Owen, & Cheadle, 2012, p. 1)

Significance of the Study

Forgiveness can be used as a source of empowerment for the survivor and restoration towards a healthy level of functioning. The survivor can learn to control their feelings surrounding the date rape, lessen the feelings of anxiety and depression, and no longer feel re-traumatized by the rape. Macaskill (2012) stated, “Forgiveness can provide a positive response in many conflict situations as opposed to the alternatives of grudge holding and seeking revenge” (p. 29).

Chapter II: Literature Review

The following literature review will examine research on rape, including more specifically the studies exploring the prevalence, impact and treatment of date rape. In addition, the literature on forgiveness, as both a concept and aspect of psychotherapeutic treatment will be examined, leading finally to an exploration of forgiveness in the context of the treatment and healing process for victims of date rape. What does it truly mean to forgive, especially a perpetrator? Does forgiveness have therapeutic value? How does forgiveness relate to a date rape survivor's psychological healing? The focus of this literature review is the importance of knowing the impact of date rape and forgiveness as we treat survivors of many different cultural backgrounds.

Review of Research on Rape

Rape myths. Rape myths can fuel the perpetrator and persuade the outside public into believing that the rape was well deserved (Burt, 1991; Cowan, 2000; Lonsway & Fitzgerald, 1994). Three common rape myths are: 1. that the woman acted in a way that caused the rape (i.e., dressing provocatively, misleading a man to believe that sex was desired, and engaging in risk-taking behavior); 2. that men lack of control over their sexual desires, and this means that women hold the power and should be held responsible for whatever transpires; 3. that most rapists are crazed maniacs who are easily detected (Bateman, 1991; Burt, 1991; Cowan, 2000; Marx et al., 1996; Yegidis, 1986). The "just world theory" feeds into the rape myth by explaining that only women who act negatively experience rape (Lerner, 1980).

Accepting the rape myths often puts the community in danger, because women tend to drop their guard and feel safe with someone as long they're not acting in way that cause an incident of a rape, men and women who believe in those myths place blame on women for the

act of rape, and the public is prone to believe those myths side with the perpetrator when it is someone that is known personally leaving the survivor unsupported (Cowan, 2000). The literature shows that more men tend to believe and accept these rape myths than do to women (Cowan, 2000).

Research has found that Hispanic women and men tended to believe in rape myths due to the belief in culturally traditional gender roles (Cowan, 2000; Fischer, 1987; Lefley, Scott, Llabre, & Hicks, 1993). African American men were more likely than Caucasian men to believe in rape myths (Cowan, 2000; Field, 1978; Giacopassi & Dull, 1986).

Men that commit date/acquaintance rape tend to believe in the myth that they were simply acting out sexually in an aggressive manner that is not inconsistent with gender role of the man as the “hunter” in the relationship (Lanier & Green, 2006). The data shows that most college men are accepting of the rape myths, which may help explain the rise of incidents on college campuses (Muehlenhard & Linton, 1987; Quackenbush, 1991).

There are a few researchers who also accept the rape myths and view women as using date/acquaintance rape as an excuse for their consensual sex (Gilbert, 1991, 1992, 1994a, 1994b; Schwartz & Leggett, 1999). A final rape myth is that women are the only victims of sexual assault (Aosved et al., 2011). Rape victims are not just women; as noted above, they can also be men (Tjaden & Thoennes, 1998).

Male survivors of rape. There is a lack of research on men as victims due to underreporting (Aosved et al., 2011). The limited number of existing research studies indicate that men have high incidences of date/acquaintance rape versus any other types of rape other than prison rape. Aosved et al. (2011) found that 12.9% of male rapes were date/acquaintance rape, 4.8% were raped by a stranger, and 3.0% were marital raped; the remainder were prison

rape.

Men and women victims are quite similar when it comes to prior history of sexual assault, as well as their psychological adjustment and symptomology after the rape. Men who report sexual assault are more likely to have a previous history of childhood sexual assault (Aosved et al., 2011; Elliott et al., 2004). The reluctance to report can cause adjustment problems in men (Brown, 2008; Englar-Carlson, 2006; Lisak, 2005). Men and women who report sexual assault experience similar symptomology such as substance abuse, depression, posttraumatic stress disorder. Men tend to experience increased irritability and hostility (Aosved et al., 2011; Elliot et al., 2004; Lisak, 1994). The lack of reporting, and associated failure to seek out services, can lead a man to be in turmoil and internal confusion. Being a victim of sexual assault can cause confusion regarding the man's sense of his own masculinity, gender identity, and sexual orientation (Lisak, 1994; Tewksbury, 2007; Walker, Archer, & Davies, 2005).

Impact of ethnicity. Wyatt (1992) found no significant ethnic differences in the prevalence or occurrence of rape and symptomology of rape, but did find that black women were less likely to report rape or seek therapeutic treatment. An additional study also found that white females were more likely to report their rape than African American females (Rickert, Wiemann, & Vaughn, 2005). A study found that 5 out of 12 African Americans tended to disclose to their social support system immediately following the incident rather than to police (Neville & Pugh, 1997; Rickert et al., 2005).

Wyatt (1992) stated,

There are many reasons that black women do not disclose their abuse to anyone including the police. One important factor is the anticipation of a lack of community and societal

support as a victim/survivor. The credibility of black women as rape victims has never been established as firmly as it has for white women. (p. 86)

The legal system tends to view sexual assaults on African American women as not as seriously as sexual assaults on Caucasian women (Wriggins, 1983).

Hispanic women tend not to report incidences of rape, because they believe that they would be viewed as if they incited the rape and would be held responsible (Cowan, 2000). Cowan's research did not mention how acculturation, assimilation or immigration status and their association with views of the police impact how likely Hispanic victims are to report being raped.

Clearly, race and ethnicity play an important role in the disclosure of incidents of sexual assault to police or emergency personnel by members of minority groups. This may be because minority group members that have been raped may feel that they will be stereotyped, discounted, and treated harshly in the interrogation process (Burt, 1980; Estrich, 1987; Wyatt, 1992). As a result, it is more likely that minority group members will disclose only to their support system (Wyatt, 1992).

Wyatt concluded that the act of rape does not discriminate because of age, gender, socioeconomic status, or race. The psychological symptomology that is experienced by victims of rape also is the same regardless of race, age, gender or socioeconomic status (Wyatt, 1992).

Education and interventions for rape survivors. Resick (1983) concluded that education programs need to be provided for adolescents and young adults on what defines rape and that “no” means “no” regardless of dress or misreading of signals. Resick also indicated that young adults need to be educated regarding the importance of reporting and seeking treatment. Also, there is a need to hold education or support groups for families of rape victims so they can help the survivor cope with their victimization. Resick (1983) concluded,

Rape victims are frequently unwilling to receive any type of therapeutic intervention within the first few months after the assault. They (and their families) often express the hope that if they don’t talk about the assault and try not to think about it, they will forget and recover (p. 131).

Two-thirds of rape survivors were not ready to talk about the incident of rape until 3 months later (Rickert et al., 2005).

Without the proper treatment, survivors tend to engage in the unhealthy habit of self-blame, which can often lead to depression and reliving the trauma event (Burgess & Holmstrom, 1974). In the aftermath of the rape, most rape victims use self-blame as a normal form of coping with the assault (Frazier, 1990). Although self-blame can be viewed as negative, Hill and Zautra (1989) found,

Women who believe that they can change a perceived cause of rape, whether it be behavioral (e.g., screaming for help), or characterological (e.g., changing one’s gullibility), do not experience less or more demoralization than women who believe that they can-not change perceived causes of rape. (p. 373)

Although it has been stated in the literature that survivors of rape who seek social support tend to have a better adjustment, it can also be detrimental because members of their community

may not know how to behave around the victim or how to be supportive, which can lead their support system to avoid talking about their assault or avoiding the victim entirely (Atkeson, Calhoun, Resick, & Ellis, 1982; Davis & Brickman, 1996). Once again, the literature shows the importance of educating the survivor's support groups to help the survivor cope with the act of rape. Avoidance of the issue can lead to psychosomatic symptoms and risk-taking behaviors.

Social support systems. Most survivors of rape do not seek treatment or counseling, but only disclose their ordeal to their social support system (Davis & Brickman, 1996; Golding, Siege, Sorenson, Burnam, & Stein, 1989). If they do seek treatment it is generally months later (Davis & Brickman, 1996). The problem with victims relying on their social support system is that others can be dismissive of the act (Davis & Brickman, 1996). Moreover, the survivor's social support system is not trained in assisting the survivor cope with their trauma.

The rape survivor's social support system can either assist or harm the survivor's road to recovery (Littleton, 2010). The social support system may debilitate the survivor by giving advice not to discuss the act of rape with anyone, which could serve as a tool to get over their trauma; they might tell the survivor to "just get over it," as if it is really that simple.

Additionally, some supportive figures become over-protective, or focus on their own emotions surrounding the rape, become restrictive towards the survivor or may lapse into being critical of the rape survivor (i.e., the way they dress or act publicly). It also has been found that some support figures become so frustrated with the survivor's inability to cope with the rape that they may withdraw from the survivor (Burge, 1983; Coates & Wortman, 1980; Davis & Brickman 1996; Emm & McKenry, 1988; Holmstrom & Burgess, 1979; Silverman, 1978; Stone, 1980; White & Rollins, 1981).

Some support systems may have unrealistic beliefs regarding how the survivor should

react to their trauma (Coates & Wortman, 1980). Unrealistic expectations and reactions on the part of the survivor's social system may hinder their recovery (Davis & Brickman, 1996). On the other hand, research shows that disclosure of rape to family or friends helps the survivor to acknowledge the rape and puts the survivor on the path to recovery (Botta & Pingree, 1997; Sullivan, 1953).

Symptomology of survivors of rape. Most victims of sexual assault do not know how to deal with the trauma associated with the assault. Generally, rape victims suffer from intense fear after the attack including symptoms of PTSD. Initially, acute anxiety is associated with adjustment issues, followed by more sustained and lasting anxiety and depression. It is common for victims also to experience psychosomatic symptoms such as headaches, dizziness, panic attacks, and stomach problems (Hanson, 1990). Fifty-seven percent of rape victims suffer from PTSD (Hanson, 1990). Koss and Burkhardt (1989) found, "More than 40% of rape victims reported continued sexual difficulties, restricted dating, suspiciousness, fear of being alone, and depression" (p. 28).

Many survivors of rape experience the stages of the "rape trauma syndrome." After studying the impact of rape, researchers Burgess and Holmstrom (1974) developed the concepts of "rape trauma syndrome" to describe the psychological states victims go through in dealing with the occurrence of rape (Emm & McKenry, 1988). In the first phase, the victim experiences fear, depression, and disorganization of their environment, which lasts several weeks. The next phase is the denial of the impact of the rape. In the last phase the victim goes through a period of renewal, adjustment, and resolution (Emm & McKenry, 1988).

Kilpatrick, Veronen, and Resick (1979a, 1979b) gave standardized psychological tests to rape victims and found that 25% felt relieved from significant psychological symptoms one year

after the date of the assault (Koss & Burkhardt, 1989). Burgess and Holmstrom (1979) conducted individual interviews with rape victims 4-6 years after the assault and found that 37% of victims “felt back to normal” months after the assault, 37% felt a back to normal state of functioning after several years, and 26% of victims never recovered from the assault.

Attribution of blame among survivors of rape. Shaver (1970) (cited in Grubb & Harrower, 2009) developed the defensive attribution theory to explain why people struggle to recognize that rape victims are not responsible for the assault that has been perpetrated against them. This theory suggest that people do not blame the victim or survivor of rape if they have much in common with victims, and if they believe that rape can happen to them. However, if no similarities exist then they believe that the possibility of rape cannot happen to them and that the victim is responsible for the rape (Shaw & McMartin, 1973). There have been no further studies about this theory.

Adjustment. Some scholars argue that the process of adjustment and coping for the survivor involves reframing their view of the impact of the rape on their psyche by shifting from seeing himself or herself as a victim to a survivor (Thompson, 2000). In the process of adjusting to the rape, survivors often use blocking to cope and repress memories surrounding the rape. When ignoring the rape no longer works, they ask themselves questions to reestablish a sense of identity and to be able to discuss their rape with others (Thompson, 2000).

The most important step towards recovery is disclosure (Rickert et al., 2005). Disclosure can lead to emotional and cognitive adjustment (Lepore, Fernandez-Berrocal, Ragan, & Ramons, 2004). Once the survivor deals with the rape and rewrites their narrative, they then in turn shift the power and control onto themselves (Thompson, 2000). Some researchers have found that the survivor may lose friends in the process of establishing a new identity (Thompson, 2000).

Summary of rape literature. The research has shown that there is a difference between the sexual assault by a stranger and acquaintance. These differences influence a survivor to revert to placing blame unto the perpetrator versus internalizing the sexual assault and blaming themselves.

Culturally, the data shows that African Americans tend to report sexual assault less than any racial group due to being not taken seriously by the police, however there is little to no difference in how racial groups experience the trauma of date rape or adjust after the incident occurred.

Review of Forgiveness Literature

Definition of forgiveness. We are often taught to believe that forgiveness is the act of forgetting. For someone who has been traumatically hurt by an offense, forgiveness can be a reprehensible idea; an almost impossible act to perceive or accomplish due to the trauma suffered at the hands of the perpetrator (Cavell, 2003). According to Cavell (2003), “We might think of forgiving not as a forgetting, but remembering that accepts the past as past and that it cannot be undone-- in this way it is like mourning. Nor, of course, is forgiving a matter of denying that harm was done” (p. 528).

Forgiveness is the act of letting go of negative feelings one has been harboring. It can empower one to no longer be seen as a victim (Kurtz & Ketchum, 1992). In choosing forgiveness the person who is harmed by the hurtful act responds with compassion instead of resentment towards the perpetrator (Enright & Fitzgibbons, 2000). Forgiveness involves looking inward, and working through negative emotions-- for example, anger, resentment, hostility, and sorrow (Horowitz, 2005). To forgive, one must display empathy towards the offender by viewing him or

her as a whole person (Horowitz, 2005). Luskin (1998) believes the only way to be transformed is through forgiveness. Forgiveness can be achieved when one no longer focuses on blaming the perpetrator (1998). By open your heart to empathy and understanding you're no longer held captive by resentment, and can achieve internal peace (Luskin, 1998).

Paradox of forgiveness. The philosopher Aurel Kolani (1973) thought of forgiveness as a paradox (Zaibert, 2009). According to Kolani (1973), it states in the Bible, "Father, forgive them; for they know not what they do" (Luke 23:34); but this statement is paradoxical, because it can be taken to mean that if the offender knew what he/she was doing, then they shouldn't be forgiven? (McNulty, 2011; Zaibert, 2009). Forgiveness can be viewed as an act of condoning a negative offense and removing the consequences (McNulty, 2011; Zaibert, 2009). Researchers have discovered that many people view forgiveness as being weak and giving the offender permission to re-offend (Band-Winterstein, Eisikovitz, & Koren, 2010; Fincham, Hall, & Beach, 2006). Many argue that forgiveness erases the negative offense committed against the victim and excuses the action (Zaibert, 2009).

Skinner's (1969) theory of operant conditioning claims that people will continue negative behaviors unless there are consequences to extinguish those negative behaviors. This theory suggests that forgiveness may not be an effective means of resolving harm, because if the offender's negative behavior is never extinguished the offender is likely to continue their negative behavior (McNulty, 2011).

Enright and Coyle (1998) state,

Forgiveness should be differentiated from 'pardoning' (which is a legal term), 'condoning' (which implies a justification of the offense), 'excusing' (which implies that the offender has good reason for committing the offense), 'forgetting' (which implies that

the memory of the offense has simply decayed or slipped out of conscious awareness), and ‘denying’ (which implies simply an unwillingness to perceive the harmful injuries that has incurred). (p. 8)

McCullough, Pargament and Thoresen (2000) as well as Jacinto and Edwards (2011), agreed with Enright and Coyle’s definition of forgiveness and suggest all researchers may benefit from following the same conceptual framework. McCullough et al. (2000) elaborated,

“When people forgive, their responses toward (or, in other words what they think of, feel about, want to do, or actually do to) people who have offended or injured them become more positive and less negative” (p. 9).

Different types of forgiveness. Some researchers have brought to light important distinctions regarding the level or type of forgiveness that can be experienced. For instance, in some cases, one may have made a cognitive decision to forgive, but still be struggling with the more difficult emotional level of authentic forgiveness. This distinction has been proposed as two types

of forgiveness and defined as: decisional forgiveness and emotional forgiveness (Exline, Worthington, Hill, & McCullough, 2003). Decisional forgiveness is a decision to forgive the offender and view the offender in a positive light (Exline et al., 2003). Emotional forgiveness replaces feelings of anger and hurt with love and empathy (Exline et al., 2003). Thompson et al. (2005) viewed forgiveness as dispositional. According to Thompson et al. (2005), dispositional forgiveness is,

The framing of a perceived transgression such that one’s responses to the transgressor, transgression, and sequelae of the transgression are transformed from negative to neutral or positive. The source of a transgression, and therefore the object of forgiveness, may be

oneself, another person or persons, or a situation that one views as being beyond anyone's control such as an "illness", "fate", or a natural disaster. (p. 318)

Psychological and physiological effects of forgiveness. Root and Exline (2011) found there are important health and psychological benefits to forgiveness. Forgiveness assists the sympathetic nervous system in providing a healthier reaction to stress along with improvement of psychological symptoms (Berry & Worthington, 2001; Enright et al., 2000; Seybold, Hill, Neumann, & Chi, 2001; Witvliet, Ludvig, & Vander Laan, 2001; Witvliet et al., 2008). The internal health benefits of using forgiveness as a coping mechanism are demonstrated in current studies and the implications are positive for healing in the context of survivors of date rape as well (Toussaint et al., 2012). According to Root and Exline (2011), "Forgiveness could be used as a coping strategy for alleviating the emotional burden, physical discomfort, and interpersonal strain that prolonged anger and grudge holding can bring" (p. 185).

Forgiveness and psychology. The idea of initiating forgiveness explicitly in a treatment plan can act as a deterrent rather than a help, due to particular practitioners' lack of awareness of the patient's current capacity to move towards a path of forgiveness, and the cultural and religious implications and meanings surrounding forgiveness. If the path toward forgiveness opens in the context of psychotherapeutic work, it is often an outcome of a more implicit process. Regardless of whether the process of forgiveness emerges from explicit or implicit activities, and although it is difficult, many date rape survivors can forgive their perpetrators (Gordon, Burton, & Porter, 2004). Older adults have been found to be more able to forgiveness than younger adults, who are more prone to hold on to resentment and anger (Burditt, Fingerman, & Almeida, 2005; Carstensen, Isaacowitz, & Charles, 1999; Luong, Charles, & Fingerman, 2011). Women tend to be more forgiving than men, who tend to more vengeful, and

hold unto resentment and anger longer (Miller, Worthington, & McDaniel, 2008).

Motivations to forgive can be based on religious practices and an improved level of functioning (Jankowski & Vaughn, 2009). Forgiveness can be integrated into psychotherapy whether it be Ellis' teachings of activating negative events that contribute over generalized negative beliefs, Carl Rogers' unconditional regard for self, or Freud's and Jung's defense mechanisms that encourage the survival of the psyche. We know that forgiveness and letting go of negative emotions helps a patient to move forward towards self-love and a healthy level of functioning. Siassi (2007) stated, "Psychoanalysis, unlike religion, does not require forgiveness, but it offers a more subtle incentive in the form of a wish to forgive (as opposed to an external command) that serves both the hurt individual and the one to be forgiven" (p. 1425). Indeed, Enright & Fitzgibbons' (2000) process model describes a longer and more internal process by which forgiveness takes place and one that involves several branches of experience (Uncovering phase, Decision, phase, Work phase, and Deepening Phase). The process model can be used therapeutically to help the client initiate forgiveness in a clinical setting (Enright & Fitzgibbons, 2000). In the beginning stage of the model, which is the uncovering phase, the client internalizes the impact of the offense on their life and the drive to move towards forgiveness to have a sense of empowerment (Enright & Fitzgibbons, 2000). The decision phase is focused on determining one's own personal understanding of forgiveness and making the decision to move towards forgiveness (Enright & Fitzgibbons, 2000). In the work phase, the client gains a deeper understanding and compassion towards the perpetrator (Enright & Fitzgibbons, 2000). When the client enters the deepening phase, the client shifts their learning of forgiveness to other situations in their lives that have been harmful (Enright & Fitzgibbons, 2000). Enright and Fitzgibbons'

(2000) process model gives the survivor of date rape a clinical motivation to move towards forgiveness.

Summary of forgiveness. The research has shown that there are both emotional and physiological benefits in moving towards a path of forgiveness. It empowers and shifts the survivors' narrative from the state of being a victim to someone who has control over their lives. It is worth exploring how forgiveness can impact a client's growth in therapy.

Forgiveness and Date Rape.

Davidson, Lozano, Cole, and Gervais (2013) examined women's experience between forgiveness and sexual violence using a quantitative research design. The researchers recruited 503 undergraduate college women from a Midwestern University (Davidson et al., 2013). The participants were 17 years old and older, and were predominately white females (Davidson et al., 2013). Participants took an online survey on sexual violence and forgiveness (Davidson et al., 2013). Each participant was given the Transgression-Related Interpersonal Motivations measure, the Heartland Forgiveness Scale, and the Sexual Experiences Survey (Davidson et al., 2013). The researchers found that sexual violence was correlated to self-blame, which led to a lack of forgiveness of self and others (Davidson et al., 2013). The strengths of the study were that the researchers found a correlation between sexual violence and decisional forgiveness. They also found that exploring feelings of forgiveness in therapy helped clients overcome their trauma (Davidson et al., 2013). The weakness of the study was the lack of generalizability due to the participants being predominately white females from a college, which lacks multicultural influences (Davidson et al., 2013). However, the fact that researcher took the time to explore this important phenomenon is a step in a positive direction and serves the purpose of the present study, which is to augment the existing literature on the topic.

In line with the above study, Botta and Pingree (1997) conducted a quantitative study that informs us with more knowledge about rape on college campuses. Their study examined whether college students who acknowledged their rape have a better psychosocial adjustment and whether interpersonal communication variables predict rape. Six hundred and twenty-three predominantly white female participants, 17 years and older, were recruited from Midwestern University (Botta & Pingree, 1997). Each participant took a sexual experience survey and answered questionnaires on adjustment and acknowledging rape as well as interpersonal communication (Botta & Pingree, 1997). The researchers found that those who were encouraged to communicate and acknowledge their rape had a better post-rape adjustment (Botta & Pingree, 1997). The weakness of the study was in the lack of generalizability and attention to diversity, because the population consisted of mostly white females on a college campus (Botta. & Pingree, 1997). The strength of the study was that the data showed that education and discussions surrounding the topic of date rape and counseling interventions are needed in the educational system (Botta & Pingree, 1997).

Toussaint and Williams (2003) conducted a quantitative study that examined the levels of dimensions of forgiveness among religious and nonreligious groups and how they are incorporated in the mental health field (Toussaint & Williams, 2003). The researchers recruited 1,400 female participants aged 18 years and older through a national phone survey (Toussaint & Williams, 2003). They found that those belonging to religious groups were more prone to forgiveness of self and others, which led them to suggest that forgiveness could be used as a counseling intervention (Toussaint & Williams, 2003). The strength of the study was that there was a correlation found between religious affiliation and forgiveness (Toussaint & Williams,

2003). The weakness of the study was that it did not examine how personality and cultural influences could affect forgiveness (Toussaint & Williams, 2003).

Watkins (2011) examined the practices of decisional and emotional forgiveness in Nepalese undergraduate students using mixed a methodology (both quantitative and qualitative methods). 221 undergraduate students from Nepal were recruited to participate in the study exploring their forgiveness practices (Watkins, 2011). Participants wrote a summary about a transgression, and completed questionnaires and the Auckland Individualism and Collectivism scales (Watkins, 2011). Watkins (2011) reported, “Decisional and emotional forgiveness together significantly predicted conciliatory behavior, avoidance motivations, and revenge toward the offender” (p. 157). The strengths of the study showed that further research is needed on the impact of forgiveness in psychology and the differences between decisional and emotional forgiveness as predictors towards forgiveness (Watkins, 2011). A weakness of the study was that the forgiveness measures may not have been culturally appropriate for all participants (Watkins, 2011).

Summary of forgiveness and date rape. The prevalence and implications of date rape in our society have been discussed as well as studies about definitions and implications of forgiveness either within a spiritual tradition or outside of such traditions. The research on forgiveness revealed some important implications around forgiveness and date rape in our society, such as that date rape was prevalent among young adults, especially college students, and each survivor went through defined stages of trauma. Most survivors suffered from PTSD, in which they relive their psychological trauma and experience profound feelings of anger, sadness, and helplessness.

The literature suggests that forgiveness can empower the survivor to take control of their lives and let go of negative feelings that lead to revictimization. However, the literature to date does not adequately address whether survivors can be moved towards a path of forgiveness, as well as if work in the area of forgiveness serves to relieve the trauma of the rape. The importance of the current study is amplified by the lack of qualitative research exploring the relationship between forgiveness and trauma in date rape survivors.

In examining how someone comes to a place of peace within himself or herself, this research posits the importance of exploring several of the elements discussed above. In other words, the relevant inquiry is regarding how the process of forgiveness or lack thereof impacts the experience of recovery and healing for date rape survivors. The current study aims to provide data to potentially support education for adolescent and young adults regarding date rape, as well as how to initiate forgiveness as a tool of recovery and healing. The study offers a unique contribution to the literature, in that it explores the lived experience of the quality of meaning making involved with survivors of rape as opposed to quantifiable factors alone.

Clinical Disorders and Interventions for Date Rape Survivors

Most people who experience date rape are diagnosed with posttraumatic stress disorder (PTSD). This researcher found in one study that 35% to 92% of people who experience rape are diagnosed with PTSD (Matsakis, 1996). It is important to note the clinical implications of being diagnosed with posttraumatic stress disorder. According to the Diagnostic and Statistical Manual of Mental Disorders Fifth Edition, DSM-5, the diagnostic criteria for posttraumatic stress disorder (309.81) includes: exposure to traumatic event(s), recurrent, involuntary intrusive distressing memories of the traumatic event often through dreams, flashbacks, prolonged emotional distress, somatic symptoms brought on by triggers from the traumatic event,

avoidance of feelings or reminders that trigger the traumatic event, trouble recalling events surrounding the traumatic event, negative impact on mood and emotional state, distorted cognitions, hypervigilance, sleep disturbance, trouble concentrating, startle response, dissociation, reckless and self-destructive behaviors, inability to experience positive emotions, mistrust of others, and lack of interest in activities (DSM-5, 2013). Pico-Alfonso (2005) stated, “Intimate partner violence (IPV)-related sexual assault has been associated with PTSD and it has been reported that sexual violence severity explains a significant proportion of the variance of PTSD symptoms, beyond what was already accounted for (p. 183).”

Posttraumatic stress disorder can cause a tremendous amount of distress in survivors of date rape. The following interventions are effective in lowering psychological distress in date rape survivors: guided imagery-visualization exercises can be used to calm an anxious mind, cognitive structuring can be used to restructure dysfunctional thoughts and beliefs, positive self-talk can encourage positivity and combat negative thoughts, exposure base treatment can be used to expose survivors to triggers and memories of the traumatic event so their fears can diminish, and acceptance and commitment therapy used to integrate the survivors trauma stories, while restructuring negative beliefs of self-blame (Follette, 1992; Beck, et al., 1979; Foa & Rothbaum, 1998; Petrak and Hedge, 2002). Once the clinician uses interventions to diminish psychological distress they can make the client and/or patient aware of the meaning of forgiveness and how it can be a means to change (Enright & Fitzgibbons, 2000). Enright and Fitzgibbons (2000) stated, “Forgiveness can enable the victim to let go of rage and impulses of revenge while at the same time pursuing justice regarding the traumatic event. Forgiveness also can diminish the recurrent memories of the event, decrease fears, irritability, and obsessional thoughts of the offender” (p.152).

Clinical depression is another diagnosis prevalent in date rape survivors, especially when negative feelings such as sadness, emptiness, hopelessness, worthlessness, and shame and guilt become persistent and overwhelming (Matsakis, 1996; DSM-5, 2013). Survivors can often be diagnosed with persistent depressive disorder or Dysthymia (300.4), with anxious distress or major depressive disorder, moderate (296.32) or severe (296.33) recurrent episode with anxious distress depending on the duration of symptoms and presenting features. Grief and loss brought on by the traumatic event can cause a survivor to lose their sense of self and develop a learned helplessness that makes them feel powerless over situations, which manifests into depression (Matsakis, 1996). Depression can impair occupational, social, and physiological functioning, including concentration, memory, sex drive, weight loss or weight gain, energy, isolation, indecisiveness, restlessness, insomnia or hypersomnia, psychomotor agitation or retardation, and recurring thoughts of suicide (DSM-5, 2013).

Survivors may also exhibit symptoms of generalized anxiety disorder (300.02). Generalized anxiety disorder consists of excessive anxiety and worry that is difficult to control along with physical symptoms (i.e., restlessness, fatigue, difficulty concentrating, irritability, muscle tension, and sleep disturbance) (DSM-5, 2013). Matsakis (1996) stated, “It may be that at night, without the distraction of the activities of the day, thoughts of the traumatic event begin to surface. You might start thinking about the event itself or about other events involving losses and threats to safety, or you might experience vague anxiety, nameless fears, or a generalized irritability” (p. 21).

Survivors of date rape often self-medicate, coping with trauma-related symptoms through the use of substances (i.e., drugs or alcohol) or mood-altering activity (i.e., food gambling, or sex) as a means to reduce insomnia, anxiety, intrusive thoughts, bad dreams, sadness, pain, and

fear (Matsakis, 1996). Compulsions can develop along with addiction to help numb and avoid symptoms of PTSD, depression, or anxiety (Matsakis, 1996). The use of substances and compulsions often results in dependence (Matsakis, 1996). According to Matsakis (1996), “For example, a drink, a pill, a snack, a sexual encounter, or shopping spree can induce some feeling during the numbing phase. Or that same drink, drug, or binge can produce a calming effect on the hyperalert symptoms” (p.53). These behaviors help the survivor of date rape maintain a false sense of control.

In order to assist in preventing the propensity for self-medication, the clinician may refocus and re-establish the survivor’s sense of self and control through forgiveness practices in conjunction with activities such as music therapy, art therapy, meditation, exercise, spiritual exploration, and journaling.

Date rape and clinical disorder and interventions research. Spohn et al. (2017) examined the “mediating and moderating impact of fear of victimization on the relationships between forcible and vicarious rape on depression and posttraumatic stress disorder (PTSD) among college women” (p. 1055). The researcher recruited 2000 participants from the American Student List who were 18 years old and older using a computer assisted telephone interview (Spohn et al., 2017). The researchers analyzed the data using chi-square tests and ANOVAs (Spohn et al., 2017). Spohn et al (2017) found that, “Fear of victimization is unequally distributed among certain groups of people (e.g., women with higher incomes, women who had experienced multiple rape victimizations) and that negative events (e.g., rape, PTSD, or depression) are strongly related to higher levels of fear among women. We found that women’s background characteristics (race, income) and prior experiences (prior victimization, experiencing multiple rape victimizations) were related to increase fear levels. Forcible rape and

vicarious rape were two of the strongest predictors of fear...Forcible rape significantly predicted PTSD and depression regardless of fear levels.” (p. 1068-1069). The strength of the study is that it predicted that mental health symptomology would be predicted regardless of fear level due to rape. Limitations of the study are that lack of variation in population reduces statistical power, lack of longitudinal data, and 3% of the sample reported recent rape victimization. The researchers were unable to define healthy levels of fear. This study showed that socioeconomic and poverty levels can cause fears of feeling more prone to victimization.

Mgoqi-Mbalo et al (2017) examined the “association of the sociodemographic factors, characteristics of rape and social support to the development of depression and posttraumatic stress disorder at 6 months after the rape” (p. 301). A cross-sectional survey was given 6 months post rape to one hundred female participants in South Africa. Mgoqi-Mbalo et al (2017) found that high rates of PTSD and depression were associated with marital status (being single) and unemployment in females. Level of support showed lower levels of PTSD and depression (Mgoqi-Mbalo et al., 2017). Limitations of the study are that the participants were predominately black; participants were recruited from hospitals and rape crisis centers that are not representative of the population and did not represent levels of rape (Mgoqi-Mbalo et al., 2017). The strengths of the study are that it provided an understanding of the risk factors associated with PTSD and depression, and it examined women’s experiences in rural and urban areas in South Africa. The study proved that social support is crucial when trying to alleviate symptoms of PTSD and depression.

Dworkin et al., (2017) examined sexual assault and intimate partner violence among substance abuse users and associated posttraumatic stress disorder to substance abuse. The participants, 219 men and women in a residential treatment facility, were given the PTSD

Checklist-Civilian version (PCL-C), Alcohol Use Disorders Identification Test, National Women's Study Module (NWS-PTSD), and Clinician Administered PTSD Scale. The researchers used MANOVA to analyze the data and found that participants who experienced sexual assault had higher symptomology versus participants who experienced intimate partner violence, but intimate partner violence was associated with depression, anxiety, substance abuse, and suicidality (Dworkin et al., 2017). Dworkin et al. (2017) reported, "Our exploratory follow-up analysis found men and women evidence similar relationships with regards to the association between trauma history and symptom severity across PTSD clusters" (p. 505). The strengths of the study are that it brings an awareness of screening sexual assault and intimate partner violence in substance abuse and brings an awareness of treatment needed in drug treatment centers to include PTSD services. Limitations of the study are that they did not test severity of the trauma of rape in association with substance abuse, the researchers used DSM-IV to assess symptomology instead of using the DSM-V, and there was a small effect size due to the population and gender differences. The study proved that there are similarities in symptomology among men and women a finding noted previously in this study.

Summary of clinical disorders and interventions for date rape survivors. The research has shown that victims of sexual assault and intimate partner violence experience posttraumatic stress disorder and depression. Men and women who experience sexual assault and/or intimate partner violence experience similar symptomology. Anxiety was not significantly high between females and male victims of post-rape (Petrak & Hedge, 2002).

Interventions and Treatment

Common crisis interventions and treatment approaches used for posttraumatic stress disorder are hypnotherapy, psychodynamic therapy, stress inoculation training, systematic

desensitization, cognitive therapy, eye movement desensitization and reprocessing therapy, and pharmacotherapy (Petrak & Hedge, 2002).

Hypnotherapy is a Freudian based treatment used to treat trauma for dissociation and recalling events (Petrak & Hedge, 2002).

Petrak & Hedge (2002) found,

“Empirically based conclusions are hampered by the scarcity of controlled studies of hypnotherapy and post-trauma symptomatology. Brom, Kleber, and Defares (1989) compared hypnosis, systematic desensitization, psychodynamic psychotherapy, and a wait list control group in 112 PTSD-positive trauma victims (i.e., survivors of car accidents and various forms of violence). Results indicated that all three treatments were significantly more effective than the control, but there were no differences among the three treatments” (p.72).

Psychodynamic therapy focuses on resolving intrapsychic conflict (Petrak & Hedge, 2002). Petrak & Hedge (2002) stated, “A strong therapeutic alliance helps to create a safe holding environment in which the client can come to understand how the trauma has impacted their sense of self. In addition, such an environment can help reduce the strong affective component related to the trauma as well facilitate integration of the trauma into current beliefs and future expectations” (p.73).

Stress inoculation training (SIT) uses the trauma memory as the conditioned stimulus to reduce the conditioned response of fear, and to eventually extinguish the reactions to fear and anxiety (Petrak & Hedge, 2002). Petrak & Hedge found that, “In terms of empirical support for the effectiveness of SIT, there are several single-case studies that have found this approach to be effective with sexual assault survivors” (p. 76).

Similarly, systematic desensitization works collaboratively with the Therapist and client to desensitize the client's fear by exposing him or her to the trauma (Petrak & Hedge, 2002).

Systemic desensitization is just as effective as cognitive behavioral therapy in reducing PTSD symptoms (Petrak & Hedge, 2002).

Cognitive Behavioral Therapy uses Aaron Beck's principles to teach trauma survivors have awareness of their dysfunctional thoughts and beliefs and therapist assist the client in changing those negative thoughts and/or beliefs through cognitive restructuring (Petrak & Hedge, 2002).

Eye movement desensitization and reprocessing therapy (EMDR) reduces PTSD, depression, and anxiety by using the lateral eye movements to reduce fear and stress, while visualizing the traumatic memory (Petrak & Hedge, 2002). Petrak & Hedge (2002) found in the research that, "Rothbaum (1997) conducted a well-designed controlled study of EMDR by random assigning 21 female rape victims to either EMDR or a wait-list control group. Results indicated that EMDR led to significantly more improvement on PTSD and depression symptoms than the control group and these gains were maintained through a 3-month follow-up as well" (p.85-86). Recent research has supported EDMR as being effective in treating trauma (Petrak & Hedge, 2002).

Pharmacotherapy uses the medical treatment model to treat psychosomatic symptoms due to PTSD, depression, and anxiety using prescribed medication (Petrak & Hedge, 2002). Petrak & Hedge (2017) found that, "controlled clinical studies have begun to support the use of some tricyclic antidepressants and MAOIs, the most promising and most advocating choice for first line drug treatment in trauma survivors are SSRIs" (p. 88).

Summary of interventions and treatment. There are several treatment orientations and crisis interventions that are empirically effective in treating PTSD, depression, and anxiety in

survivors of date rape that could work in conjunction with forgiveness therapy, so it can support the survivor's recovery. Treatment should be adjusted to each individual's severity of symptoms in order to serve the needs of the client.

Chapter III: Research Design and Methodology

Method and Design

The research design for this study is a qualitative approach using a phenomenological research method. The reason for choosing a qualitative approach is to gain knowledge regarding the lived experience of how forgiveness may be related to trauma recovery. Also, a qualitative approach will help fill a gap in the literature as it will provide us with understanding of the participant's decision-making process as they worked on forgiving their perpetrator. According to Fisher (2006), "qualitative research is a reflective, interpretive, descriptive, and usually reflexive effort to describe and understand actual instances of human action and experiences from the perspective of the participants who are living through a particular situation" (p. XVI). It allows for thorough examination and in-depth analysis of narratives gathered from participants (Marshall & Rossman, 2011). According to Fisher (1987):

Qualitative research methods were devised to study those aspects of being human for which experimental and statistical methods are ill suited--namely, lived world actions, and meanings. Our access to the lived world is through our own subjectivity--our being subjects: beings who take action, reflect, experience, plan, hope, and so on (p XVI).

Many scholars, including the phenomenologist Martin Heidegger, believe that humans cannot be understood without being examined in terms of their relationship to the world including the social world of other people (Cammell, 2015). There is an element of intersubjectivity that is involved in the process of phenomenological research as we seek to understand the interview data by finding themes. Smith et al., stated, "intersubjectivity is the concept which aims to describe this relatedness and to account for our ability to communicate

and make sense of each other” (2009, p.17). Heidegger discussed intersubjectivity as a phenomenon where one cannot be removed from the physical world, and that the internal world of an individual is woven out of their social interactions and society’s constructs (Smith et al, 2009).

Qualitative data will be gathered from semi-structured interviews and analyzed to identify and discuss common themes. The researcher can come to know and understand the experience of a given phenomenon and can identify the essential themes of their experience (Smith et al, 2009). The interpretation of text is like a dialogue that occurs between the present cultural lens of the interpreter and the socio-cultural frame of the text itself (Smith et al, 2009). It requires an idiographic approach, a notion that refers to the commitment of the researcher to pay attention to the particulars of individual subjects (Smith et al, 2009). The focus of the researcher is to grasp meaning from the narrative through themes unique to the participant’s own lived experience so as to gain knowledge to attribute to the research in question (Smith et al, 2009). The role of the researcher can be complicated as they un-biasly try to make sense of the narratives as well as how well the themes identified address the research questions. Smith & Osborn state, “The participants are trying to make sense of their world; the researcher is trying to make sense of the participants trying to make sense of their world” (2008, p.53).

Participants

Participants were recruited from domestic abuse shelters in Santa Barbara and Ventura counties. Adult women within the Santa Barbara, Los Angeles, and Ventura County communities of all ethnicities were recruited to participate in the study. For the purposes of this study, female survivors were recruited as participants. The use of Snowballing was used to recruit participants as well, which is a process for gaining participants through referrals from

current participants (Smith et al, 2009). The participants were eight adult women date rape survivors between the ages of 37 and 56 years of different sexual orientations, socio-economic, religious, spiritual, and non-religious backgrounds. Six of the women in the study were Caucasian two were of African American decent. What the participants all had in common is that they were survivors of date rape and that they had undergone some type of psychological treatment prior to the study a pre-requisite for being part of the research study. This criterion was set to do no harm or create emotional disruption in the participants. Participants were recruited who had at least an eighth-grade reading level, such that they would be able to understand the consent forms and the questions of the study. It also was required that they to be able read and write in English.

Procedures

Following approval of the Institutional Review Board of Antioch University Santa Barbara, data from 8 participants were collected from a sample obtained through recruitment from domestic violence shelters and the general population of Santa Barbara, Los Angeles, and Ventura Counties. Potential participants were subjected to a pre-screening interview that took place by phone to confirm that they would be a fit for the study. Potential participants would be excluded from the study if they were assessed to be emotionally unstable, were having current feelings of hopelessness, had not been in therapy for six months or had never received therapeutic services, had no support system in place, or were not willingly to sign a release for the researcher to speak with a current or past therapist as part of the evaluation for the screening process. These safeguards were put into place to protect participants from harm, as there was a slight possibility that they could be re-triggered by recounting the circumstances surrounding their date rape. A letter of introduction signed by the researcher, along with a statement outlining

the purpose of the study and an informed consent agreement, was given to each participant. The participants were provided the contact information for the study's author and dissertation committee chair as well as a stamped envelope for the return of the survey. The participants were notified that they could decline or withdraw from the research study without consequence before initiating the study or at any time during the study.

The informed consent statement explained that participation was voluntary and detailed efforts made to ensure confidentiality, including the use of the code number identification procedure and limited access and secure storage of completed questionnaires. The statement explained the presumed minimal risks of potential harm that might be associated with completing the semi-structured interview, including emotional discomfort. If such harm were to occur, recipients were assured that they may contact this investigator and that resources would be provided for mental health care through appropriate referrals. Once participants willfully agreed to the research study, participants signed informed consent forms. These were collected and secured in a locked box. In order to protect participants' confidentiality, their responses were identified by a code number.

A demographic survey, a semi-structured recorded interview, and a recorded follow-up interview were used to collect data. Code numbers were assigned and labeled on each of the data forms to ensure confidentiality of the participants. For purposes of this study pseudonyms were used for confidentiality. The data were stored in a secured location in a lock box, to be destroyed upon the completion of the dissertation. If the participant was deemed to be no longer eligible to participate or no longer planned to participate in the study, information obtained was to be destroyed immediately to maintain confidentiality. This researcher informed the participants that

they could have access to their transcripts or any their information they provided for accessibility.

Data Collection

This study was reviewed and approved by the Institutional Review Board (IRB) at Antioch University Santa Barbara prior to data collection. The participants who agreed to take part in the study were sent an introductory letter before the first initial contact occurred over the phone. Data collection began in the first initial contact over the phone when I began the screening process to see if the potential participants were a fit and eligible to be a part of the research study. During the initial screening phone interview, the confidentiality agreement and informed consent were explained thoroughly. After the initial screening phone call, each eligible participant was scheduled for an interview.

This researcher met with participants for a face-to-face interview in a location that maintained their confidentiality. Before starting the semi-structured interview, the participants signed the informed consent form. The interviews were comprised of thirteen semi-structured questions (see Appendix D). Questions were developed to capture the participants' own lived experience (Smith et al, 2009). Participants were read a variety of general open-ended questions, while being audiotaped. After the interviews were completed the participants were given a referral list upon their request for potential therapists as precaution to ensure their safety and mental wellbeing. After a few weeks had past, a second follow-up face-to-face recorded interview was conducted. The participants were read four semi-structured questions during the follow-up interview not only for data collection, but to evaluate their mental wellbeing to ensure this research did not activate or trigger a memory that could jeopardize their stability. None of

the participants seemed to experience much difficulty, and no one reported being harmed by the study.

Data Analysis

Semi-structured interviews were transcribed by a professional transcription service. During the interview process notes were taken. The data was coded into categories and common themes by the researcher. The data was interpreted according to how the participants experienced the phenomenon, and then organized into themes (Creswell, 2013). This researcher immersed herself in the data by repeatedly reading over the material and making note of themes and by being unbiased and open to the material at hand. According to Smith et al (2009), “this process ensures a growing familiarity with the transcript, and, moreover, it begins to identify specific way by which the participants talks about, understands, and thinks of an issue” (p.83). The focus was on finding emergent significant themes among the participants. Smith et al (2009) stated, “Looking for a means of drawing together the emergent themes and producing a structure which allows you to point to all of the most interesting and important aspects of your participants accounts” (p. 96).

Validity

To maintain the validity and integrity of the research study, this researcher used the technique of epoch (Creswell, 2013). Epoch is a technique that a researcher uses to bracket participants’ lived experiences or data provided by the participants into themes by focusing on the description of the data instead of using one’s own interpretation (Creswell, 2013). The researcher’s questions are not to be leading, but open-ended in order not to influence the content of the participant (Creswell, 2013). This researcher was reflexive during the data analysis to balance the analytical process and the integrity of the research. Reflexivity allows the

researcher to actively reflect on the data. According to Fade (2004), “reflexivity is viewed as optional tool, enabling the researcher to formally acknowledge his or her interpretative role, rather than as essential technique for removing bias” (p. 648).

Chapter IV: Results

The present study explores the narratives of women who have experienced date rape and their ideas related to incorporating forgiveness practices into their psychotherapeutic treatment for this trauma. Demographic information was collected on the study's subjects, after which semi-structured interviews were conducted with eight participants ranging in age from 37 to 56 from Santa Barbara, Los Angeles, and Ventura counties. The participants were six Caucasian women and two African American women. The mean age of the participants was 45 years old and their mean age at the time of the incident of their date rape was 20 years old. The average amount of time participants spent in therapy was 2.5 years prior to participating in this study. To maintain participants' confidentiality pseudonym were used.

This researcher would like to introduce you, the reader, to the eight participants in this study using pseudonyms along with providing their date rape narratives to give a sense of their struggles to forgive and their process of recovery from their individual traumas:

Sarah is a 56-year-old married, self-employed, Caucasian female, with some college education who graduated from a trade/technical school, has one year of therapy prior to participating in this study, and identifies her religious beliefs as Christian. Sarah was 23 years old during the incident of her date rape. Her date rape narrative is as follows: "I was introduced to this person through somebody I know very close to me and, he was in the movie industry like a producer or something. We were all going to go to a nightclub, so I did. He was very fun. He was not being overly aggressive or anything. We were drinking a little and I was starving, so I was like, I have to eat something. I'm drinking, so he goes, "Oh I know a great place." And he was wealthy, yeah, he had a nice car and he said, "Oh, I have some shoes for you in my trunk." He asked me what size I wore anyway, um, we went to the nightclub and when we left, I thought

we we're going to a restaurant somewhere. He goes, "I know a place that's open late." I said, "Oh, good because I'm starving." So, he takes me to a hotel, a fancy one. So, we go in and I'm still like kind of naïve thinking there is a restaurant open here. We go in and he's at the desk, and it didn't even occur to me he's getting a room. That's what he was doing, but I was just waiting and I'm like so hungry, right, and I was really young. I was twenty-three and a young twenty-three for me. I was very young, immature, insecure, kind of girl, you know. Then we went up the elevator to this big suite that was gorgeous and then I was thinking maybe he's going to order room service. So, he did but it wasn't food. He ordered just champagne and I'm like, "I can't drink anymore! I am so hungry! And, so anyway, um, right after that he poured some, which I didn't drink. He pretty much pushed me on the bed and started, you know, taking my clothes off and but it wasn't like I was fighting him. I was kind of like, oh no way, this isn't happening! Then I remember like being just really sad. I couldn't believe this was happening. Afterwards I was crying, and he said, "Don't be a baby. Don't cry." I was like, "But I was saying no. No, no, I don't, no. I don't want to do this." Then it was kind of it, and I was just really upset and like, kind of embarrassed of myself. I was asking myself how did I get in this situation. I'm so stupid. And then he drove me home, um, never did give me the shoes that were in the trunk! (Sarah laughs then becomes serious again) And then, um, I just remember telling my sister. She's like, "Oh, my God!" Um, but I didn't go out with him again, of course and then I did see him at a party one time. I was trying to, like, just ignore him and he was, like, acting all smug. I don't know. Anyway, that's what happened. It definitely made me scared of men. I would never get in a car with someone and go on a date again. If I ever went out with someone, I would meet, I would meet them somewhere. I definitely even to this day even when I first met my husband, I met him somewhere. I've been with him now ten years, but I didn't want him to pick me up. You

know? And it's hard, yeah, men, it's just, I'm scared of men. I did feel like it was partly my fault and I didn't go the authorities or anything. I did become mature and stronger after that."

Martha is a 45-year-old divorced, employed, Caucasian female, with some college education, who has one year of therapy prior to participating in this study, and identifies her religious beliefs as Christian. Martha was 19 years old during the incident of her date rape. Her date rape narrative is as follows: "I was invited by the person I was dating to his family's home and his grandmother was home. I didn't want to have sex as she was in the next room. So, he put a knife to my throat and proceeded to take what he wanted. I never trusted a man again after that. It made me insecure with any other man that I was with. I never felt worthy of being loved. I didn't think I was capable of being loved and that no man would love me. I became very independent as a woman and made sure I could take care of myself, never wanting to rely on a man for anything. But the big change was going through a class and learning, um, that it wasn't my fault. I didn't do anything wrong, um, that I didn't ask for it and learning to forgive myself, because I always blamed myself for allowing myself to be in that situation and not getting out."

Priscilla is a 54-year-old married, employed, African American female, with Associates of Arts (A. A.) Degree, has one year of therapy prior to participating in this study, and identifies her religious beliefs as Christian. Priscilla was 22 years old during the incident of her date rape. Her date rape narrative is as follows: "It was around Valentine's Day and he kept calling me telling me to pick him up. He ended up coming to my house. We went to his car where he raped me through a whole music CD, while it was playing. After it was over I remember having his handprint on my throat. I think something snapped, because I kept fading in and out. Still to this day I have a hard time remembering certain stuff, and I have nightmares and it will come back up at sometimes. It changed who I was. I became severely depressed and hopeless. I lost my self-

respect, my peace, my sanity, and the ability to love freely. I lost the ability to just be me. Well, I reached way down inside and I began to piece together a life for myself and I began to help people because that's healing for me to be able to help people and so I surround myself with people that need emotional support, not just from being date raped or raped or anything like that, but just in general on people that needed support and healing. By surrounding myself around people who needed emotional support I was able to grow from that, I gained power from that, and I healed in so many ways from that, the ability to help others."

Ruth is a 43-year-old married, employed, Caucasian female, with Associate of Arts (A.A.) Degree, has three years of therapy prior to participating in this study, and identifies her religious beliefs as Christian. Ruth was 19 years old during the incident of her date rape. Her date rape narrative is as follows: "So, I didn't even realize that it was date rape at the time until I got into college and started studying the field that I'm in now. I didn't even realize that is what happened to me. I worked at a country club and this guy was a co-worker. He was married and yet he flirted with me all the time. I mean of course the attention felt good. I was very young, but I kept telling him no. I knew it was wrong. I kept on telling him no and he never quit and so I just finally said, "Okay, I'll go on a date with you." And prior, oh gosh there was so much leading up to it though. Prior, the decision we make, prior to that a year before that my father died. I was nineteen when all this had happened. Um, my father died, found I was pregnant the night of his funeral, miscarried a week later, got engaged, six months after that he cheated and broken up with me. I mean, the list goes on, so after that I started working at the country club, met a guy that I had started dating. He introduced me to methamphetamines and I was never a user. I was a wreck emotionally and mentally. So, this guy kept on hitting on me and I wasn't seeing the other guy anymore. So, I finally just shut him up and went out with him. He drove me

to a motel room and I said, “What are we doing?” He said, “I brought some drugs and, uh, thought we can get high.” And I was like, “Oh, okay.” I know I’m stupid, but we got high. He started advancing towards me at this point. I had already said yes to the date. I had said yes to using drugs with him in the motel room. It was more of a getting over it kind of thing so that I could get the whole night over with. He got a little forceful and when I saw him getting forceful I decided not to push it. He was a very strong Hispanic guy, so I knew if I didn’t cooperate it be bad. He drove me home and I quit my job afterwards. So, for years I felt horrible, then I ended up pregnant from it, and I had an abortion which was not who I was. I had become a person I was not. Finding out I was pregnant, not realizing that I had been raped. I felt horrible about myself, which fed onto all the emotions that I was already dealing with from all the other trauma that I had just been through. So, I hated myself afterwards and then I was worried what other people would say. I didn’t want any one to know about the pregnancy and, um, I secretly went and got an abortion which was against how I was raised, the Christian beliefs I was raised in, and so, it just made me hate myself even more after that because of the abortion. I loss my self-esteem and I felt responsible. I spent about six and a half years in a meth. addiction facility and Teen challenge. I came out of rehab and dove right into, um, counseling with my pastor, got back into my church, my time with the Lord, and changing my mindset. Biblically speaking, the Bible says, “Be transformed by the renewing of your mind,” and that’s what it took. It took a renewing of the mind.”

Hannah is a 47-year-old married, employed, Caucasian female, with Bachelor of Arts (B. A.) Degree, has two years of therapy prior to participating in this study, and identifies her religious beliefs as Roman Catholic. Hannah was 17 years old during the incident of her date rape. Her date rape narrative is as follows: “I was house-sitting at the time and I invited a guy

over that I had known through work. I had worked with him at an automotive store, and I liked him, and he liked me. We started kissing on the couch. We got into our bathing suits and got into the hot tub. We dried off and went back into the house. We sat on the couch and started making out and it started to go farther than what I was comfortable. I wasn't planning on having sex, so I said, "No." But I realized right away that he wasn't stopping. He was still kissing me, and he was bigger than me physically, like forty or fifty pounds bigger. He was very tall, and he just basically continued so I just froze and basically just let him have sex with me. My legs, like, I tried to keep my legs closed for a while but he just physically, like, pushed and pulled them open. So, I remember that being really traumatic and the worst part was it didn't stop there, because he wouldn't leave. I was too afraid to tell him to leave and that he had raped me, because I thought he might, like, hurt me more. So, I acted like as if nothing happened and he stayed in the house the whole night and he did it again in the morning time. So, like, I didn't know how to get out of there. I didn't know what the hell to do to get out of it. There was no one that could help me, um, and so I just kind of played along with. You know, I didn't really speak up until he was gone and then I just quit the job and didn't try to look back. Right away I went into a deep depression. I was crying all the time. I don't remember telling anyone or my best friend about it. I don't know why. I think I was embarrassed and ashamed I had invited someone over and I felt like it was my fault and I didn't have the right to be hurt about it per say. I was mad after the rape and blamed myself. I didn't realize then until I started going to therapy a year ago, but I do a lot times freeze and have sort of an out of body experience. There have been times that maybe I didn't want to make love to my husband I'll just say yes, and sort of freeze and I would do that over the years. I had a loss of self-esteem and a lot of guilt and self-blame. My parents were constantly telling me don't put yourself in a situation to be alone with a boy. I

disobeyed them in a sense. So, in my head it was all on me I did something wrong. I did the wrong thing, so I blamed myself and had a lot of shame for putting myself in that situation. My weight has been a factor. It's been more comfortable for me to put on weight so that people don't look at me so much and eating in general is a comfort. I was healthy weight before this happened. I don't always think of myself as a victim. I have, I have a hard time, I mean, I've, like I said, I've had so much blame for myself. It's through the group that they were telling me, you know, that it wasn't my fault but that's so hard for me sometimes. Um, yeah, I definitely know logically that I'm a victim and survivor. I am proud of myself for, for kind of playing the game just to get out safely that day to have relief. In a sense sometimes, I give myself kudos for that, you know, that I just was strong enough to play the game for twelve hours until he said it was over and I know afterwards that he knew what he did because he didn't, like, talk to me and he didn't try to contact me or nothing even though he acted like everything was normal that night. Seeking help in group therapy has been empowering for me. It empowers me to teach my daughters how to be safe with their bodies. I have a voice now, I can teach young girls and young boys if that be the case to speak up and that empowers me. I feel like it gives me some power back."

Esther is a 35-year-old married, self-employed, Caucasian female, with Master of Arts (M. A.) Degree, has four years of therapy prior to participating in this study, and identifies her religious beliefs as Christian, but with beliefs in eastern philosophies. Esther was 18 years old during the incident of her date rape. Her date rape narrative is as follows: "I was eighteen and I had met a guy. Actually, I was getting physical therapy and he was in the same office. He was really good looking, and I noticed him, and he noticed me. When I left, um, he came out and asked me for my number. I had just ended a relationship with someone I had kind of had a first

love experience with. I think I was lonely and heart-broken. So, he called me and asked me if we can go get coffee. I met outside the Starbucks, and um, soon as I saw him I was immediately not attracted to him anymore. I felt like I was completely repulsed almost disgusted by him. I felt like I didn't want to be seen with this person. I didn't want to be near this person. He said, "You want to go in?" And I was like, "No, actually, um, I'm okay. I'm not really in the mood for coffee anymore." So, he was like, "Oh, do you just want to talk out here?" And I was like, "Sure," because I didn't want to completely blow him off and totally want to be rude. He's like, "Do you want to see my new car?" And I was like, "Okay, sure." So I walked over to the car and the windows were open and it is like big, uh, SUV, a white SUV, and I got into the passenger side. I was like, "Okay, this is fine," just drop in for two minutes before I can get out of here and, um, and then he turned on the ignition and drove away. He drove to an adjoining parking lot where it was secluded. There was a point I kept on pushing him off and he was like, "From the second I saw you, I had to have you." And he kept on saying that and I realized that the more I pushed him away I remember just pushing against his stomach, um, he was just getting more and more turned on because I was pushing him away. So, I stopped because I had already been, like, no I didn't want have sex. No, I didn't want you to put it in. No, I didn't want to do any of this. There's still a part of me that doubts this part but I remember seeing a baseball bat in the back seat, like further back in the third part of the SUV. At the time I had agreed to sit in the back seat with him. We were, I had just been talking and I wasn't worried at the time. I just remember saying, "I don't want to have sex with you. I don't want to fool around. I don't want to do anything. And he was like, "Yeah, of course we're just sitting." What I consider my big mistake that was just being stupid not knowing getting in the car at all. I remember at a certain point, I stopped fighting because I was afraid he was going to be violent and I didn't want any physical

signs that I been in attacked, because I still lived at home and I didn't want my family to know. There was a point I left my body and I realized I was watching him rape me and I was watching his back. And that really freaked me out because I felt like I was curled up in a corner watching it happen. I don't know how much time passed but there was a point where I thought while he was raping me I thought, does this person is someone that would, I mean the phrase rape and pillage is what came to mind. If he is someone that would rape and does this he's suffering more than I am and, in that moment, I came back to my body. I kind of remembered coming back into my own body and seeing him from a kind of proper perspective again. He drove me back to my car and I left, and he called me multiple times. I asked him to stop calling me and I started ignoring his calls. Months later I actually wanted to report it and I knew nothing would come of it, but I was afraid. I had thought what if this happens to someone else and there is no record of his name. I thought they'll just take a record, but there is nothing you can do. Just get over it. It was not easy. I was extremely depressed. I don't think I was a fun person. I felt broken. I felt I needed to reclaim my sexuality. I felt even more disconnected to other people because of what happened to me. I felt depressed. I certainly could get triggered by things. I remember for years I remember the anniversary. I know its sometime in March or April in the spring, but now I don't remember. During that time, I read up on the subject, took Plan B, and a STD/HIV test. I'm so grateful I didn't have any STDs or HIV. It was definitely a loss of innocence. That's a big loss. I'm not just feeling, it's like when I say not feeling safe in the world, it's not so much fearing being attacked again or something like that. It's the thought of seeing him is really upsetting and nauseating even after all this time. I would feel the trauma in my body. I would feel the frozen. I would feel my throat catch and I would feel not being able to breathe and all I could do at that point would be to do art, paint. When I painted for a few hours I would feel it leaving my body.

In graduate school I went to a therapist. I wanted to talk about the traumatic events because I feel that they are locked in my body. I didn't know she was kind of abled therapist, she didn't want to work psychodynamically which is more of what I want to do. She drew a man that looked like she said the Pillsbury doughboy and then she drew holes in him and she said, "You know, this is just how we are and some of them get filled in but we all have to live with these holes." I felt like therapeutically she was telling me there's no hope, like no fucking way to get better. You can't exercise the demon. You just have to learn to deal with this shit. There was a time I thought this is not, not it. After the next meeting of that came I thought this what she might meant by what she said. I thought of it kind of like Swiss cheese, like it has holes, but it's supposed to be there. It's complete, right, it's whole. I think it actually really did help, because even though I didn't get to talk about it and process it the way I wanted to, the way I thought I needed to and there are other things, as well. I think that, that's when there was something released inside me when I realized we are whole even with these holes and there is perfection in the imperfection. There's a lyric: it's everything has a crack, that's how the light gets in."

Rachel is a 37-year-old divorced, employed, Caucasian female, with Associate of Arts (A. A.) Degree, has one year of therapy prior to participating in this study, and identifies her religious beliefs as Christian. Rachel was 16 years old during the incident of her date rape. Her date rape narrative is as follows: "I was walking with my best friend at the time to Carl's Jr and all of sudden a blue car pulls up and he starts talking to me. I was a teenager and my home life was crappy. I never really learned as a kid not to talk to strangers. When a boy gives you attention you're like, "Okay! Hi!" He was like, "Hey, can we hang out or whatever?" And I'm like, "Yeah, I don't care." So, he seemed cool at first. We went back to my condo. I was upstairs in my room and he was downstairs. He came upstairs, and I was like, "Oh, hey." And then he

told me to be quiet and he shushed me. He got me down on the floor holding my hands behind me and I said, “What are you doing?” And in my head, I’m thinking the whole time, like, what is this, why would he have to do this. Like, I don’t understand what’s going on. And he shoved his thing down my throat. I said, “I don’t want to do this.” I just wanted it to be over. He did his deal. He thought he heard my mom coming so he jumped off me and walked downstairs out of the house. I didn’t even know how to react. I never learned how to cope, especially at that age. I should have told my mom what had happened or the police or done something, but I didn’t know better. I was sore; I was hurting and confused. So, I kind of blamed myself for a little bit and it definitely impacted me emotionally. I guess then I would have seen myself as a victim because I had a very big victim mentality, because I felt sorry for myself, because I didn’t know how to move on from things like that. But now I see myself like I survived. I got through that. Like, I’m stronger because of all the things that I’ve been through and that I know that somebody else went through something like that and I know how important it is to show my that I care about what they say, that I have no means to ignore them and question, and tell them they’re a liar tell them that they’re wrong for what happened to them and it’s their fault. I made sure I knew it was not my fault, that’s number one. I found more ways to be confident and finding ways to know that. I beat myself up for a long time for things like that and then knowing just, like, that’s not something I need to do to myself because it’s not healthy. Trying to look outward for somebody to try to build your self-esteem it’s only going last a second and it’s definitely not going to work. Looking inward and trying to build yourself up I think it number one.”

Rebekah is a 44-year-old single, employed, African American female, with Master of Arts (M. A.) Degree, has one year of therapy prior to participating in this study, and identifies her religious beliefs as Christian. Rebekah was 24 years old during the incident of her date rape.

Her date rape narrative is as follows: “I was seeing a guy off and on. He called over late at night to come over. I know he was going through some problems and it sounded like he was drinking over the phone. So, I made the decision to go over there. It happened the day of September 11th, the day of the incident at the World Trade Center. So, I go to his friend’s house to meet him. He was drunk so I walked him to his business that was nearby. I got him on the pull-out sofa bed, so he can sleep it off. He pulled down on the bed. I told him, “No, you’re drunk.” He pinned me down with his body holding my hands above my head and he raped me. I couldn’t believe he was doing this. I felt like during the time like none of this was real. It was like I was outside of my body watching myself as this was happening to me in disbelief. Once it was over he let me go and he went to sleep, and I left. The next day I went to work and told my best friend what had happened. I never reported it to the police or anyone else. I tried to excuse his behavior as if he was drunk and I took the blame. I felt depressed and unworthy as if I deserved what happened to me. I blamed myself. I carried that feeling into my relationships, because I never felt worthy of love or self-regard. After that I didn’t date for quite some time. I became more protective of myself and my emotions and my feelings because I didn’t feel safe with anyone. I blamed myself for a long time. I took the responsibility, because he was drunk, and I was fully aware the made the decision to go see him late at night, putting him before myself. Something I always do with people. I think being in therapy talking about my weakness, struggles, and strengths helped me to move towards self-forgiveness. It wasn’t my fault, I made the best decision at the time to help someone I cared about he made the decision to rape me regardless of being the under the influence. He is responsible. I can let go of this and own who I am now without shame, but with dignity that my pain will help others somehow through my career choice and as a human being

on how I help and interact with others. Those are the things that make me stronger the fact that I'm still to help others in spite of the pain I suffered."

In introducing the participants with their date rape narratives this researcher wants you, the reader, to know that these are real people with real human experiences I was honored to have the opportunity to have each and every one of them disclose those experiences to me. This researcher hopes those experiences will help survivors and therapists work collaboratively in initiating the healing process, move towards recovery, and see that the struggle through the process of healing can produce triumphant results. In the end these women are victorious and successful in overcoming their individual traumas. Sommerfield (2006) found a quote that spiritually defines this movement, "He heals the brokenhearted and binds their wounds—Psalm 147:3" (p.185).

During the interview process this researcher noticed the participants were nervous in telling their stories as I was a stranger/an interviewer to them, they but did not struggle to tell their date rape narratives, with the exception of Hannah who was tearful and crying as she told her incident of date rape and recovery. This researcher believes the perceived detachment from the story due to the non-display of emotions while speaking of their trauma could be that the participants successfully accepted that this is part of their lived experience, and they have built strength and empowerment through the recovery process. Sommerfield (2006) stated, "Adversity strengthens us, instilling confidence to handle crises that may come our way. Despite the pain and devastation that comes with rape, those feelings can guide us toward maturity and inner healing. Something good will come of it" (p.187).

Examining the data collected from the demographic questionnaire and semi-structured interview, it becomes apparent that all 8 participants described how their religion and their

familial and cultural beliefs influenced their valuing of forgiveness practices. Six participants identified as Christian, one identified as Roman Catholic, one identified as Christian but with belief in eastern philosophies. Examples of participants' endorsement that family, religion, and/or cultural beliefs influenced their forgiveness practices are as follows: Ruth stated, "My mom and her sisters were severely sexually molested by their older brother all growing up and knowing that and seeing the forgiveness in our family for that towards him has helped. Just being raised in a wonderful spirit lead church has been extremely helpful. My pastor speaks big on forgiveness and is very honest on how important it is, why it's a sin not to forgive. I'm glad it's a sin because I don't want to sin and so it makes me want to make sure I forgive." Priscilla stated, "I grew up in a Christian home, Christian parents, Christian grandparents so I know it's essential for your own self, for your own freedom, and I know that God even mandates us to forgive to be forgiven. So, I mean I always know that's the right thing to do. It's not always easy." Martha stated, "Society kind of teaches you revenge. You know to hold unto hate. Why would you ever forgive somebody for doing that to you? But I also grew up in a Christian home where I was taught about forgiveness, so they were both there. I'm just willing to finally allow myself to forgive." Hannah stated, "Hearing things over the years how forgiveness can bring you such peace to forgive people that's a big deal to me and I don't harbor hate." Rebekah stated, "I've heard growing up often from my family that you have to forgive and let things go, but it's been a struggle for me. But my faith has helped me to be on my path towards forgiveness."

With this data as a foundation the results of the study were categorized into five significant themes: 1) Forgiveness means letting go of hurt and pain; 2) Forgiveness is for the benefit of the survivor and not for the perpetrator; 3) Forgiveness relieves the survivor of anger;

4) Forgiveness shifted one's view of self from victim to survivor; and 5) Forgiveness empowered the survivor to show empathy towards others.

The definitions of the five themes are as follows: Forgiveness means “letting go of hurt and pain”—letting go of negative feelings of resentment, anger, shame, and guilt; “Forgiveness is for the benefit of the survivor and not for the perpetrator”—this view allows the survivor to release internal trauma and experience freedom from the perpetrator and the rape; “Forgiveness relieves a survivor from experiencing anger and other negative emotions”—the act of forgiveness releases the negative emotions of rage and hostility from within one's self; “Forgiveness shifted one's view of self from victim to survivor”—the act of forgiving helped survivors go from viewing themselves as helpless victims to viewing themselves as strong survivors who have control over their outcomes and experiences. Forgiveness empowered the survivor to show empathy towards others—due to their own suffering, they could identify with someone else's suffering.

Table 1

Themes

Common Themes	Number of Participants Who Reported Theme:
Forgiveness means letting go of the hurt and pain	8
Forgiveness is for the benefit of the survivors and not for the perpetrator	8
Forgiveness relieves survivor of anger	8
Forgiveness shifted view of one's self from victim to survivor	8
Forgiveness empowered survivor to show empathy towards others	8

Theme 1: Forgiveness Means Letting Go of the Hurt and Pain

All participants in the study endorsed the importance of letting go of hurt and pain as part of their process of healing. Sarah stated, “Letting go is important. It is freeing yourself by

forgiving somebody for yourself, so you don't carry hurt and pain inside." Martha said, "Letting go of hurt and pain is allowing yourself to move forward without having resentment and bitterness in my heart." Priscilla stated, "Forgiveness is when you are able to let go of a situation and it no longer impacts you to the extreme it did before." Ruth stated, "The way I see forgiveness is that, um, you are able to release the pain you've harboring towards the person. Harboring what they've did against them, which doesn't mean you have to trust them. You're able to move on with your life without constantly thinking about them, ruminating. You know the constant thinking about what they did and how much you can't stand them. Just being able to release it." Hannah stated, "Forgiveness is peace in knowing that a situation happened, but you're willing to let it go and not focus on it all the time." Esther stated, "I think forgiveness involves compassion, seeing the other person's place. I think it's an action and it's an inner state of being. It's releasing the pain and hurt. It sounds weird I almost feel like, so in a way there's almost nothing to forgive. It's acceptance of reality." Rachel stated, "I think if you forgive somebody it frees you from the pain and hurt. It's for yourself and not really for them." Rebekah stated, "Forgiveness is the practice of letting go of whatever happened between you and the other person. I say practice because it can require many attempts. It's letting go of the pain and hurt and it's not a matter of forgetting what happened to you or trusting that person again." Jack Kornfield (2002) stated, "There is an organic cycle to letting go. We will feel it as wisdom that knows it is time to move on, to release the past and tenderly return to the present" (p. 56). Forgiveness can be healthy for survivors' wellbeing. Davenport (1991) stated, "The ability to let go of anger and frustrations caused by minor annoyances and resentments is clearly related to physiological well-being as well as (healthy) relationships" (p.141).

Theme 2: Forgiveness Is for the Benefit of the Survivor and Not for the Perpetrator

The theme, “Forgiveness is not for the perpetrator but for the survivor” was endorsed by all participants. Sarah stated, “Forgiveness is for yourself and not for the other person, so you can free yourself from pain and feel some sense of happiness.” Martha stated, “I realized that forgiveness wasn’t for him, that it was actually for me to be able to move forward. I am a true believer it’s necessary for me (it being forgiveness), not so much for the other person but for yourself.” Priscilla stated, “I am a true believer forgiveness is necessary for me and not for the other person.” Ruth stated, “Forgiving is a daily thing. I think everyday we run into things we’re offended by. Sometimes they’re really bad offenses and sometimes their minute. I just make sure I start praying and I forgive for my sake, so I’m not tormented. So, forgiveness is more for me and not for them.” Hannah stated, “Forgiveness is important because it allows to have positive relationships when you wronged in some way. Forgiveness is for you and not the other person.” Rachel stated, “If you forgive somebody it frees you. It’s for yourself and not really for them because they’re not going to care or know you’re forgiving them. So, it’s kind of like a release for yourself because once you can forgive then you can live; you can, like get that lifted off of you instead of carrying it around and knowing that you’re not holding onto to that.” Rebekah stated, “Forgiveness it’s a very powerful action of letting go and not letting that person have power over your life through the pain. Forgiveness is for you and not the other person.” Enright and Fitzgibbons (2000) stated:

People, upon rationally determining that they have been unfairly treated, forgive when they willfully abandon resentment and related responses (to which they have a right), and endeavor to respond to the wrongdoer based on the moral principle of beneficence, which may include compassion, unconditional worth,

generosity, and moral love (to which the wrongdoer, by nature of the hurtful act or acts, has no right). (p. 24)

Theme 3: Forgiveness Relieves Survivor From Experiencing Anger and Other Negative Emotions

The theme “Forgiveness relieves survivor of anger” was endorsed by all participants.

Davenport (1991) stated:

When victims refer to their anger, it is likely that they are speaking of something far deeper and more complicated than resentment or the normal flashes of irritation incurred by daily inconveniences. A safe assumption is that their anger is a reaction to the depth of the psychological injury, and that it is inextricably mixed with other reactions such as terror, shame, helplessness, and in some cases longing and hope. (p. 1)

For example, Sarah stated, “I internally became a therapist for myself and decided to forgive to let go of the anger, blame, shame and guilt.” Martha stated, “I forgave to let go of the resentment, bitterness, anger, shame, guilt, and self-blame.” Priscilla stated, “Forgiveness helped me let go of a lot of anger I was holding onto.” Ruth stated, “Loss my self-esteem and who I was. I became anger at my self. I needed to forgive not only him, but myself.” Hannah, stated, “I had a lot of anger, shame and guilt and a lot of blame towards myself. It impacted my self-esteem. I had to forgive myself in order to release those emotions.” Esther followed up by stating, “Forgiveness helped me to no longer be angry about the situation; instead, I feel sorry for the person.” Rachel stated, “I had to forgive to release the anger, self-blame, and all the hurt I held onto.” Rebekah stated, “I spent a lot of time being anger, ashamed, and guilty for what I had

happened to me. Just feeling responsible. It wasn't until I was able to forgive I was able to release those emotions and feel like myself again."

McGary (1989) suggested that giving up psychological defenses such as anger and resentment can rid the person of negative emotions and improve relationships with those closest to them, that they're displacing those negative emotions. Forgiveness is an antidote to anger (Enright & Fitzgibbons, 2005).

Theme 4: Forgiveness Shifted One's View of Self From Victim to Survivor

The theme of forgiveness shifted one's view of self from victim to survivor was endorsed by all eight participants. For example, Sarah stated, "I felt like a victim at first because I didn't tell anyone, and I felt like it was partly my fault, but I realized I was a survivor because I'm stronger I didn't let the situation overcome me." Martha stated, "I needed to forgive him in order for me to heal and move on and not be a victim anymore. I gave him power for far too long over my life and I wanted my power back. When I was able to forgive myself and him, I totally went from victim to victor, as I like to say, survivor." Priscilla stated, "I'm no longer a victim to him. I'm a survivor." Ruth stated, "I felt at first I was a victim, but I'm a survivor. It took me a long time to get there." Hannah stated, "I felt a victim and survivor, but I realized I'm a survivor." Esther stated, "It doesn't really matter to me. I don't feel, like oh I survived. I'm awesome. I'm so fucking awesome. I'm a survivor. And I don't feel like, oh I'm a poor victim. I just feel like, um, I experienced rape and there are parts of it that were really terrible. He wanted to make a victim there were parts of me that felt that way, but I did survive." Rachel stated, "Well, I guess then I would have seen myself as a victim because I had a very big victim mentality, because I felt sorry for myself, because I didn't know how to move on. I got through that. Like, I'm stronger because of all the things I've been through. I'm a survivor." Rebekah stated, "Initially, I

felt like a victim, but I made the choice to forgive, to release myself from the sadness, shame, guilt, and self-blame I carried within myself. I feel like I'm a survivor because I'm stronger and wiser. I don't think I deserve to carry around this pain anymore." Enright and Fitzgibbons (2005) stated, "Forgiveness is a balancing of scales with the offending party" (p. 45).

Another example of shifting one's view of self from victim to survivor is having the survivor introduce expressive art practices in order to instill self-empowerment, assist in healing symptoms associated with date rape, and teach the survivor to cope with feelings of self-blame, lack of self-worth and self-esteem, shame and guilt, lack of confidence, fear and mistrust of men, disassociation, PTSD, and depression. Esther endorsed this notion by stating, "The date rape impacted my life because I became extremely depressed. I felt very broken. I felt like I needed to reclaim my body. I needed to reclaim my sexuality. I felt even more disconnected to other people because of what happened to me. I felt depressed. I certainly could get, you know, triggered by things. I remember, for years, I remembered the anniversary. I know it was sometime in March or April in the spring, but now I don't remember the date. There was a time I was angry at myself. I felt I couldn't speak for a long time. I didn't have the words. I would feel the trauma in my body. I had to reclaim myself. I did yoga five, six days a week and meditation. I focused on forgiveness. I went to therapy and painted while listening to music whenever I felt depressed about the rape." Hannah stated, "I would write down positive sayings on note cards and taped them everywhere in my room, my closet, my bathroom. Because I was in such a bad depression and I kept on repeating positive affirmation to get myself out of the depression." Rachel stated, "Forgiveness empowered me because it made me realize that it was not my fault. I found ways to be more confident. I beat myself up for a long time for that and then I realized that it's not

something I need to do to myself, because it's not healthy. I looked inward to build my self-esteem."

Theme 5: Forgiveness Empowered Survivor to Show Empathy Towards Others

All eight participants endorsed that forgiveness empowered the survivor to show empathy towards. For example, Priscilla believed forgiveness empowered her to show empathy towards others. Priscilla stated, "I began to help people because that's healing for me to be able to help people. So, I surrounded myself with a lot of people that needed emotional support, not just from being date raped or raped or anything like that, but just in general with people who needed support and healing." Hannah further endorsed the theme by stating, "I have a voice now, I can teach young girls and young boys, if that be the case, to speak up and that empowers me. I feel like that gives me some power back." Sarah stated, "I'm highly aware that when other people are hurting I want to protect that other person. That is my first instinct, to feel bad for the person." Casarijian (1992) suggested that being more empathetic towards others makes one more empathetic towards oneself. Giving to others is like giving back to oneself.

After 2 weeks a follow-up interview was conducted with the each of the eight participants. The follow-up interview was crucial to see if the participants were not affected emotionally and/or mentally by the questions asked and in recounting their stories. All 8 participants claimed the semi-structured interview process did not affect them. This researcher asked directly: How they felt about the first interview? Were there any residual feelings from discussing their trauma? Sarah stated, "It kind of brought up emotions that I was holding onto to for a long time that I was seeing in therapy. I can't believe that I was in a situation after talking to a couple of my friends. I felt like, "Wow, I must be a wimp or really weak to be in those situations." But I was very innocent at the time. I felt like I wouldn't let that happen now."

Martha stated, “I feel that it was a really good experience. I think always being able to talk about it and the healing process of it and the forgiveness part of it is a reminder of just how far I’ve come and to be able to share it and not have horrible flashbacks and things about it just shows me that you can overcome this.” Priscilla stated, “Actually I felt like it was kind of freeing because whatever was left I believe it gave me a forum to be able to just release anything I have left from my abuse.” Ruth stated, “Um, nothing negative. I think what it did for me is verified for me that I’m in a good place as far as what happened to me that I’ve healed from it. I think it’s a good thing that it happened so that I’m aware that I’m okay now.” Hannah stated, “Talking about it I got sad, but I went back to my happy self. It just encourages me to do more writing. So, I’ve been doing that and its better and emotionally I think, so.” Esther stated, “Yeah, I was actually surprised, because it’s been so many years and I’ve done therapy. It really kind of brought a lot to the forefront and things that I almost forgotten about emerged. But I’m okay.” Rachel stated, “No, not really because I’ve already talked about it before in the past.” Rebekah stated, “It didn’t stir up any issues or problems about that.”

A crucial question that this researcher asked each participant in the follow-up interview that is important to this study was: Do you think forgiveness can be used to help date rape survivors overcome their trauma? Sarah stated, “Yeah, absolutely. As far as I’m concerned, I’ve let it go. Forgiving someone you don’t have to forgive them to their face, but you know when you forgive it makes yourself feel better. It’s done. There is a reason for what they do whether it’s good or bad. So yeah, definitely.” Martha stated, “Absolutely, I think it’s a key part of healing.” Priscilla stated, “Definitely, I think it’s mandatory in order to overcome it because I think that sometimes we forget for short periods of time without complete forgiveness, I don’t believe that it will ever completely heal or ever find peace.” Ruth said, “Absolutely.” Hannah

stated, “I think forgiveness is a positive thing. I think forgiveness is very important in healing and moving beyond. I think it’s a process, there are times that you have overcome it and you’re doing very well, really well and then there’s other times that sometimes it starts to rear it’s ugly head so I don’t know if there’s ever a time where, you know, you’re completely cured of the trauma.” Esther stated, “Yeah, I do. It’s certainly helped me in the moment to survive it and to have a different perspective about it. It was immediate; it was during that time it started happening that I kind of felt that way to forgive. This is a fellow human who is suffering far worse than I’ll ever suffer, because he’s doing this kind of crap. I do think forgiveness is kind of something that can not be forced for people to have some kind of existential understanding. I think people come into it in their own way. Maybe there is certain types of counseling that provoke that kind of thought that would allow them to maybe have support built and I think something has to happen almost beyond, definitely beyond therapy I think. It’s much more of a spiritual individual spiritual understanding of their heart has to be touched in some way that can’t be really predicted or forced. But I heard an interesting definition of forgiveness. I don’t remember who it was, but it’s really that forgiveness is really acceptance of the past is what it was. I think that’s definitely something that can benefit the survivor of date rape and then if they didn’t, if they couldn’t, it’s forgiveness without any kind of acceptance. So, I think it can extend to their concept of forgiveness so it’s broader than black and white. It’s a broader greater definition of acceptance. Yeah, I do think it can be helpful.” Rachel stated, “Yeah, but if they feel they can actually truly forgive because if you don’t then you kind of hold onto to it. I think if you forgive then you can let it go, however only if they feel it’s right for them to forgive.” Rebekah stated, “My personal thought is that forgiveness is needed otherwise you’re repeating that part of your life and trauma in other relationships. So, I think you do need to forgive to overcome

trauma and go to therapy to work through it otherwise it's still there no matter what you do to bury it.”

Chapter V: Discussion

This study explored the lived experience of each survivor as they processed their own personal trauma in relation to forgiveness practices in the context of date rape. This study augmented previous works, in that the literature on date rape and forgiveness is scarce. Thus, the topic of date rape and forgiveness was pieced together through participants' keywords that emerged in the narratives of participants' lived experiences. The research study was inspired by the researcher's interest in forgiveness practices and the power to forgive someone who has greatly offended another person.

To summarize the strengths of the work, this study: provided empowerment to the survivors to share their experiences; the participants reported feeling a shift in their experience in the course of discussing this material with the researcher; it gave the participant a chance to feel heard; and overall, this study could pique the interest of future researchers and promote further exploration of this topic, which I believe to be potentially helpful and psychologically productive one. Another strength of the study is that the researcher found an association between forgiveness practices and date rape healing processes. For example, Martha stated, "Someone told me that holding onto unforgiveness was like drinking poison every day and expecting the other person to die. And I realized how bitter it had made me. Going through the group therapy, I realized, like they said in the group, I needed to forgive myself, but I needed to forgive him in order for me to heal and move on and not be the victim anymore. I gave him power for too long over my life and I wanted my power back." In a similar light, Ruth stated, "I had to forgive him in order to trust men. You know? I had to forgive him, and I had to forgive myself too, because I was angry at myself for allowing things to happen. Someone cannot recover if they don't forgive." Esther described a powerful moment when forgiveness actually started for her during

her sexual assault. Esther stated, “I think that the forgiveness started while I was being raped...So, I remember thinking at the time, like, he must have been molested. He must have been beaten. He must have been tortured mentally, physically, at some point he was, and he had to live with it, you know, in a way that I don’t have to. I don’t want to see him, but I do feel that with the amount of pain that he must have been in to do something like that, I have to forgive him. Forgiveness played a part of my recovery from the very second. It helped me come back to my body. It helped me, so I didn’t just totally dissociate and stay broken and shattered because I knew if I’m not doing that in this life, that was the other part of it, if I’m not doing that in this lifetime, this is the thought that came to me and it does play into my spirituality. If I’m not doing it in this lifetime, it’s because I’ve done it before. I could feel the forgiveness in the moment because it was like I wasn’t so different from him.” All participants agreed that forgiveness of self and of the perpetrator were needed as part of their recovery.

Five key themes emerged in the participants’ narratives in regard to their lived experience of forgiving after having been date raped: 1) Letting go of the hurt and pain, 2) Forgiveness is not for the perpetrator, but for the survivor, 3) Forgiveness relieved anger, 4) Forgiveness shifted view of self from victim to survivor, and 5) Forgiveness empowered survivor to show empathy towards others.

It was found that letting go of the hurt and pain could help a survivor of date rape integrate a trauma experience and have a healthy level of functioning rather than perpetuating shameful feelings and self-destructive thoughts and actions. Hong and Jacinto (2012) stated, “In letting go of shame, helplessness, and other negative feelings the forgiver can move forth embracing self-affirmation and feeling empowered” (p. 373). It is important to remember that

forgiveness is about the forgiver and not the perpetrator who offended the forgiver (Hong & Jacinto, 2011).

Forgiveness of the perpetrator is a crucial part of the healing process because it frees the survivor of pain and trauma. Survivors' trauma can manifest itself into a clinical diagnosis of PTSD, depression, and/ or generalized anxiety.

Survivors will not only pull strength from treatment, but from their spirituality as well and use it as tool for introspection. As clinicians, we must honor the survivor's need to turn towards their spirituality for a sense of comfort, guidance, and a sense of support and community, as they are looking inward to identify and deal with their feelings surrounding the date rape. Ruth expressed the importance of spirituality in her life in overcoming her trauma through forgiveness by stating, "I had so much anger, the ruminating on what I wanted to say. I mean, just it was constant, and I was tormented in my mind, tormented in my spirit. My spirit felt dead. I kept praying for him. I would worship in my car and I would cry out to God to take it, to help me, not take it from me because if He just took it from us then we wouldn't learn how to do it, but to give me strength and just get me through it. I came to the realization of how as a Christian I don't have a choice. I have to forgive. That's not negotiable and that the reason He commands it is because it's the best thing for us and He commands it because it's not the easy thing to do because if it were easy to do He wouldn't command it."

Most importantly, forgiving an act of sexual violence can help individuals shift from viewing themselves as victims to perceiving themselves as survivors, thereby empowering them to show empathy towards others. Kurtz and Ketchum (1993) stated, "To forgive, truly forgive, involves letting go of the feeling of resentment and the vision that underlies that feeling—the vision in which we see ourselves as being offended against the vision of self-as-victim" (p.222).

Martha stated, “I realized I needed to forgive myself, but I needed to forgive him in order for me to heal and move on and not be a victim anymore. I gave him power for too long over my life and I wanted my power back.”

In gaining power back, the survivors learn that they have power over their own narrative. The perpetrator no longer has control over the ending of the survivor’s story. In giving their testimony or telling their stories, they are actively taking ownership of their own narrative. They realize the incident no longer becomes the defining moment of their lives, and they start taking control over how their personal journey of recovery and self-discovery begins and ends, which is empowering to the survivor. In turn, through their own personal pain, they connect with others who have suffered and take an active role of leadership in helping others. Derlega et al., (1993) stated, “self-disclosure thus may provide a release from thinking about upsetting events, allowing the person to organize and make sense of what happened” (p.101). The idea of survivors being drawn to help others in need is reflected in Gobodo-Madikizel’s (2003) statement:

The power of human connectedness, of identification with the other as ‘bone of my bone’ through the sheer fact of his being human, draws us to ‘rescue’ others in pain, almost as if this were a learned response embedded deep in our genetic evolutionary past. We cannot help it. We are induced to empathy because there is something in the other that is felt to be part of the self, and something in the self that is felt to belong to the other. (p.178)

This quote speaks to the notion that helping others may have an extended effect of helping oneself in the process. Each one of the participants gained gratification from the idea of helping others in this research study by drawing upon their own experiences of recovery as a way of aiding others therapeutically. The value and meaning of helping others was expressed

throughout the interview process to this researcher. Hannah endorsed the power in helping others by stating, “It empowers me to teach my daughters how to be safe with their bodies. I have a voice now, I can teach young girls and young boys, if that be the case, to speak up and that empowers me. I feel like that gives me some power back.” Priscilla stated, “Well, I reached way down inside and I began to piece together a life for myself and I began to help people because that’s healing for me to be able to help people and I surround myself with a lot of people that needed emotional support, not just from being date raped or raped or anything like that but just in general people that needed support and healing. I surround myself by that and I was able to grow from that and I gain power from that and I healed in so many ways from that.” Sarah stated, “I’m more tolerant towards people and empathetic towards people getting hurt. I want to protect other people and I feel bad for the person.”

What emerged in regards to forgiveness is that letting go of the hurt and pain can help a survivor of date rape overcome trauma and have a healthy level of functioning. Forgiveness of self and of the perpetrator is a crucial part of the healing process. Forgiveness practices along with other coping skills can aid in the healing process for the survivor. Mostly importantly, forgiveness can shift one’s self-perception from that of a victim to that of a survivor.

Conclusion:

This researcher asserts that in the process of treating date rape survivors, it is important to note the significance of the survivor being heard and treating the survivor’s experience as a potentially life-altering trauma (Jackson, 1996). By validating the clients and/or patients and helping them make sense of their own experiences, the therapist can soften many (at times quite rigid) defenses and assist the client in the integration of this painful experience. A common defense in dealing with the trauma is dissociation (Price, 1986). Burkhart (1991) stated, “the

most fundamental need of any human being: the need to have reality as referent, to have what is experienced as real” (p. 289). Treating each client and/or patient with dignity, empathy, and patience while in a vulnerable state of telling their story is crucial. Therapists must avoid being influenced by common rape myths that blame the survivor (Burt, 1978, 1980). A therapeutic alliance must be developed for the survivor to have space to tell their narratives of victimization (Jackson, 1996). If the therapist can create a holding environment that is safe, it’s more likely the survivor will be able to work through their shame and trauma (Jackson, 1996).

Therapists must be aware of their own countertransference processes as they’re listening to their clients and/or patients (Briere, 1989; Courtois, 1988). Dye and Roth (1990) found that psychotherapists who had a negative countertransference and attitudes that blamed the survivor often allowed those views to influence the treatment.

This researcher concludes, forgiveness practices can play an important part in the recovery process of date rape and can be integrated into treatment. In doing so, we must provide empathy and a therapeutic alliance so that the survivor can feel safe to work through their symptoms and restore a healthy level of functioning. This researcher concludes that forgiveness practices constitute a significant tool in therapy when applied in conjunction with different theoretical orientations. Once a client and/patient decide that they’re ready for change, forgiveness therapy can be successful (Enright & Fitzgibbons, 2000). By working through the following phases: 1) Uncovering phase, 2) Decision phase, 3) Work Phase, and 4) Deepening Phase (Enright & Fitzgibbons, 2000). During the uncovering phase, the clinician assists the client and/or patient to examine and confront defenses, anger, shame and guilt, self-blame, while gaining insight on how the traumatic event changed their lives (Enright & Fitzgibbons, 2000). Also help them to recognize that they have no control over the traumatic event, there is no need

to hold onto the transgression or replay the event in their mind as if they could go back in time to change the event. In the decision phase, the clinician assists the client and/or patient to understand and commit to forgiveness as a tool for healing (Enright & Fitzgibbons, 2000). Once the commitment to forgive the offender is made then the client and/or patient is moved towards the work phase to reframe their negative view on the offender and self, while gaining acceptance of their trauma story, and learn to develop empathy and compassion towards themselves and the offender. Moving forward into the deepening phase the client and/or patient learns self-forgiveness, and finds meaning and purpose in life, develops a sense of self, a strong support system, and learns to develop meaningful relationships with others again (Enright & Fitzgibbons, 2000). Survivors learn to practice forgiveness daily by letting go of the pain, hurt, and anger. Accepting the traumatic event cannot be changed, while shifting their focus not only on the injustice of the act, but on finding meaning in their own suffering provides an avenue toward integration and the enhancement of well-being (Enright & Fitzgibbons, 2000). By reframing their narratives and taking ownership of the traumatic event the survivor recognizes the event does not define who they are as an individual. They are more capable of gaining a positive sense of self. Initiating forgiveness practices and making positive changes may be a slow process that the clinician and client and/or patient be collaborate on in terms of moving toward a shift in perspective. Once the center of the gravity shifts from a self-defeating story to one of empowerment and compassion, therapist and client and/or patient begin to focus on establishing a path toward meaning-making, integrating this difficult experience, and having a healthy level of functioning as the end result. However, this topic needs to be investigated further due to other factors associated with date rape, including trauma, gender, ethnicity, culture, socioeconomic status, and spirituality.

Limitations and Recommendations

This study was limited in several ways. The semi-structured interview questions were open-ended. Thus, the qualitative research design did not offer potential to explore particular hypotheses; all participants were women; sexual orientation of date rape survivors was not explored; and demographic information was not used in the analysis of the participants' experience. The small sample size used in the study limits the conclusions drawn (Marx et al., 1996).

An additional potential weakness of the study is that the participants' experiences with date rape were not recent. This researcher wonders if the length of time would have affected the participants' ability to forgive. Did the participant come to forgiveness because a significant amount of time had passed? Would a participant be able to forgive 6 months to a year after the incident of the date rape?

Another weakness of the study is that I was unable to find male date rape participants, which would have been helpful to this study. This researcher wonders how gender would have impacted the act of forgiveness, especially self-forgiveness in a male survivor. Although the symptomology in men is similar to that of women who have experienced rape (Aosved et al., 2011; Elliott et al., 2004; Lisak, 1994), self-forgiveness for male date rape survivors may be more difficult because of internalized stereotypes of male dominance. Due to internalizing stereotypes around masculinity, they may feel that they should have had more power and control over preventing the date rape. Aosved et al (2011) stated, "Victimization may be perceived as feminine and weak. Because the experience of sexual assault stands in direct contrast to the basic tenet of masculinity (i.e., that men should be strong and invulnerable), men may experience trauma or gender role strain and be reluctant to disclose the abuse or seek the kind of social

support that might facilitate adjustment (Brown, 2008; Englar-Carslon, 2006; Lisak, 2005)” (p. 287).

Spirituality or religious beliefs were expressed among all the participants in this study, and these beliefs positively impacted their efforts to move towards forgiveness and compassion. Often, the participants called upon a higher power to help initiate the forgiveness process. Ruth stated, “I have to forgive. That’s not negotiable and that the reason He commands it is because it’s the best thing for us and He commands it because it’s not easy to do.”

It would be interesting to further investigate whether spirituality or religion impacts the act of forgiveness. This researcher wonders if one needs religious or spiritual beliefs to choose forgiveness. Would agnostics or atheists be able to utilize forgiveness practices therapeutically? Is forgiveness a moral decision? Enright and Fitzgibbons (2005) stated, “The monotheistic traditions of Hebrew/Jewish, Christian, and Islamic faiths unambiguously connect forgiveness from God with human wrong or sin” (p. 258-259). It would be worth exploring further the impact of religion and/or spirituality on the act of forgiveness and investigating whether non-religious survivors would be able to utilize forgiveness practices in therapy.

Also, the cultural and socioeconomic influences of date rape should be explored further. Exploring ethnicity-based, cultural, and socioeconomic impacts among date rape survivors would be helpful in understanding if different groups are less likely to report due to lack of support, negative cultural stereotypes, and the fear of being perceived as complicit in the crime. In going through the literature, this researcher found that Caucasian females were more likely to report rape than African American females (Rickert, Wiemann, & Vaughn, 2005). The legal system usually does not take sexual assaults of African American females as seriously as those of Caucasian females (Wriggins, 1983). This researcher also found that race or ethnicity plays a

part in disclosure of the date rape incident to emergency personnel or police, because minorities feel discounted, stereotyped, treated harshly, and interrogated when they do report the incident (Burt, 1980; Estrich, 1987; Wyatt, 1992).

This researcher faced challenges in finding date rape survivors to be participants for two primary reasons: 1) rape and date rape are often lumped into one category by rape crisis centers and 2) survivors often do not perceive date rape as rape. Date rape is often misconstrued as consensual sex by survivors because they assume the responsibility by believing that they gave signals that led the perpetrator to conduct the act of date rape and convince themselves that it was just sex. This researcher recommends that future researchers explore all types of rape in their studies, which in turn would expand the number of participants and improve the validity of the data collected.

This study has shown the importance of exploring the subject of forgiveness and date rape scientifically and phenomenologically to gain insight on recovery. Date rape is unfortunately very common among men and women alike, and it is vital to develop a better understanding of this widespread problem. The participants have demonstrated that the human soul and psyche are strong beyond belief, and healing can start at the moment that the tragic incident begins and can evolve into a powerful story of recovery. This researcher would like to close this study with a poem: Brené Brown's *Manifesto of the Brave and Brokenhearted from Rising Strong*:

“There is no greater threat to the critics
and the cynics and fearmongers
Than those of us who are willing to fall
Because we have learned how to rise.

With skinned knees and bruised hearts
We choose owning our stories of struggle.
Over hiding, over hustling, over pretending.

When we deny our stories, they define us.
When we run from struggle, we are never free.
So we turn toward truth and look it in the eye.

We will not be characters in our stories.
Not villains, not victims, not even heroes.

We are the authors of our lives.
We write our own daring endings.

We craft love from heartbreak,
Compassion from shame,
Grace from disappointment,
Courage from failure.
Showing up is our power.
Story is our way home. Truth is our song.
We are the brave and brokenhearted
We are rising strong” (p.267).

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Appendix A: Letter of Introduction

Let me formally introduce myself, my name is Shemetra James. I'm a doctoral candidate at Antioch University Santa Barbara, California. Currently I am Psychologist Intern at Children's Hospital in Los Angeles, California working with adults, children, and families. My dissertation focus is on the potential relationship between date rape and forgiveness.

I'm asking for willing participants to volunteer in this research study so we can evaluate whether or not forgiveness can be a useful therapeutic tool. If you are a willing participant and have been involved in any incidents of date rape and are 18 years or older your involvement in this study may create insight towards the growth of therapy for clients who have undergone similar trauma. Recounting such events may be emotional and counseling referrals will be provided upon request. If you are willing to sign an informed consent form to proceed in this study which consists of 2 interviews: the first would involve a demographic questionnaire and, audio-taped 90-minute semi-structured interview; the second interview would be a debriefing you will have an opportunity to review the accuracy of your responses and discuss any concerns or questions you may have and assess any feelings you may have after the interview is completed. You do have the option of withdrawing from the study at any time without any negative consequences. The study will be supervised by Antioch University Department Chair, Dr. Daniel Schwartz (xxx-xxx-xxxx ext. xxxx) and all ethical considerations of this study will be under the review of the Antioch University Santa Barbara IRB committee.

Once you completed the study, general results of the study will be available to you upon request by contacting me by email (xxxxxxxxx@xxx.xxx) or by phone (xxx-xxx-xxxx). You are also welcomed to contact me for any questions, concerns, or issues surrounding this study. Thank you for time.

Sincerely,

Shemetra James

Appendix B: Demographic Questionnaire

DEMOGRAPHIC QUESTIONNAIRE

Subject No: _____

Instructions: Please write or circle what most applies.

What is your age? _____

What is your ethnicity or race? _____

What is your gender?

What is your primary language? _____

What is your highest level of education?

No schooling completed

8th grade level

Some high school, no diploma

High school graduate, diploma

GED obtained

Some college credits, no degree

Trade school/ Technical or Vocational training

Associate's degree

Bachelor's degree

Master's degree

Professional degree

Doctorate's degree

What is your marital status?

What is your current employment status?

Employed

Self-employed

Unemployed

Student

Military

Retired

Disability

What city do you live in? _____

What is your religious preference?

Mormon

Seventh-Day Adventist

Muslim

Greek Orthodox
Russian Orthodox
Christian
Jewish
Roman Catholic
Protestant
Atheist

Or something else (please specify) _____

Appendix C: Informed Consent Form

INFORMED CONSENT FORM

You are invited to participate in a study of explore the potential relationship between forgiveness practices and date rape trauma recovery being conducted by Shemetra James a Doctoral Psychology student at Antioch University Santa Barbara. We hope to learn whether or not forgiveness can be used as a therapeutic tool to aid in the healing process of psychological trauma for date rape survivors. This project is being conducted under the supervision of Dr. Daniel Schwartz and was approved by Antioch University Santa Barbara Institutional Research Board.

If you decide to participate, you will complete an in-person questionnaire and structured interview, which will take approximately 90 minutes. There will also be an in person 30-minute follow-up meeting to verify your responses. I cannot guarantee that you will receive benefits from this study.

The nature of this study has been explained by Shemetra James. The anticipated benefits of your participation are to provide valuable information on this topic. The known risks are minimal.

The researchers will make every effort to safeguard the confidentiality of the information that you provide. Any information obtained from this study that can be identified with you will remain confidential.

Your decision whether or not to participate will not prejudice your future relations with Antioch University Santa Barbara. If you decide to participate, you are free to withdraw your consent and to discontinue participation at any time without prejudice.

If at anytime you would like additional information about this project, you can contact Dr. Daniel Schwartz at (805) 962-8179 ext. 5309 or Shemetra James at email address: xxxxxxxxxxxx@xxx.xxx or at (xxx) xxx-xxxx.

You will be given a copy of this form to keep. Your signature below indicates that you have given your informed consent to participate in the above described project. Your signature also indicates that:

- 1.) You have been given the opportunity to ask any and all questions about the described project, your participation, and all of your questions have been answered to your satisfaction.
- 2.) You have been permitted to read this document and you have been given a signed copy of it.
- 3.) You are at least 18 years old.
- 4.) You are legally able to provide consent.
- 5.) To the best of your knowledge and belief, you have no physical or mental illness or weakness that would be adversely affected by your participation in the described project.
- 6.) You are willing to have semi-structured interview with researcher that will be audio recorded for information gathering purposes. All audio recordings will be confidential. Confidentiality will be maintained by the use of coded numbers instead labeled by name and held in a secured location.

Appendix D: Semi-Structured Interview Questions

SEMI-STRUCTURED INTERVIEW QUESTIONS

1. Describe your own personal definition of forgiveness?

2. Please describe your attitude towards forgiveness?
3. What were the circumstances involving the date rape?
4. How did the date rape impact your life?
5. What losses or trauma have you suffered as a result of the incident?
6. How do you see yourself with regard to the terms “victim” and “survivor”?
7. What changes have you made in your life to empower yourself after the incident?
8. Please describe your ability to forgive your perpetrator at this time?
9. Please describe your relationship to your perpetrator and how that impacts your ability to forgive.
10. Please describe how forgiveness has played a part in your recovery?

11. Please describe how spirituality or faith in God may have influenced your need to move towards forgiveness.

12. How have cultural, familial or societal norms influenced your thoughts on forgiveness?

13. What steps have you taken towards your therapeutic recovery and forgiveness?

Appendix E: Promotional Flyer

RESEARCH STUDY: PATHS TOWARDS HEALING: CAN FORGIVENESS PRACTICES HELP SURVIVORS OF DATE RAPE OVERCOME TRAUMA?



*Photo credit: elusivemuse-purchased from
iStock photos*

We hope to learn if Forgiveness may be used as a therapeutic tool to aid in the healing process of psychological trauma.

If you are interested in becoming a participant in the research study please contact Antioch University Santa Barbara Doctoral student Shemetra James, PSYD Trainee at email address: xxxxxxxx@xxx.xxx or phone number (xxx) xxx-xxxx. The project is being supervised Dr. Daniel Schwartz, Psychology Chair at Antioch University and approved by the Antioch University Santa Barbara Institutional Research Board.

Informed Consent will be obtained for each participant of the study.

Confidentiality will be maintained.

Risks to participant are minimal

It involves a demographic questionnaire and semi-structured interview, which will last no longer than an hour and half for the initial interview and a follow-up interview will be thirty minutes with the interviewer.

***Behavioral health referral will be provided for participants upon request.

***All participants will be compensated \$50 for their time and efforts in the research study.

Antioch University Santa Barbara
602 Anacapa St. Santa Barbara, CA 93101

Appendix F: Authorization Form

Shemetra James, MA, Pre-Doctoral Student/ Antioch University Santa Barbara/ 602

Anacapa St. Santa Barbara, CA 93101

Authorization To Use For Disclosure Protected Health Information

Clinical Information/ Psychiatric/Drug-Alcohol Abuse

Patient Information:

Last Name:	First Name:
Date of Birth:	SSN:

I Hereby Authorize that my records/information be released from:

Individual/Organization:	Phone Number:
Address:	State & Zip Code:

I Hereby Authorize that my records/information be released to:

Individual/Organization:	Phone Number:
Address:	State & Zip Code:

Information Requested:

<input type="radio"/> Entire Record	<input type="radio"/> Diagnosis
<input type="radio"/> Progress Notes	<input type="radio"/> Treatment Plan
<input type="radio"/> Drug & Alcohol Treatment Plan	<input type="radio"/> Medications

<input type="radio"/> Medical History	<input type="radio"/> Psychiatric Assessment
<input type="radio"/> Psychological Testing	<input type="radio"/> Psychosocial Evaluation
<input type="radio"/> Permission to contact Therapist Name: _____ for Release of Information to discuss suitability for research study.	<input type="radio"/> Other: _____

Purpose for Transfer of Records:

- ☐ Referral
- ☐ Treatment
- ☐ Research Study Participation
- ☐ Other _____

I understand that I am entitled to receive a copy of this Authorization/ Please mark if you want a copy of Authorization form:

- ☐ Yes
- ☐ No

***By Signing, I am verifying that I am 18yrs & older, I specifically authorize the release of the following confidential information checked above, and for the researcher to contact the holder (current and/or previous Therapist) of the information to determine the suitability of participation in research study:**

Signature of Patient:	Date:

***This authorization expires twelve (12) months from the date signed**

Appendix G: Prescreening Assessment Form

PRE-SCREENING ASSESSMENT FORM FOR POTENTIAL PARTICIPANTS

Conducting Pre-screening Interview over the phone or in-person to determine suitability for research participation:

A.) Researcher will explain the purpose of the pre-screen interview, which is to determine potential participant's eligibility to participate in the study due to the sensitivity of the topic of date rape and forgiveness. Researcher will advise the potential participant that the interview will take twenty minutes. Researcher will ask potential participant if they have time available to answer a series of questions or if they would like to schedule an appointed date and time to conduct the interview over the phone or in person.

In the beginning of the interview the researcher will inform the potential participant that no identifying information will be taken unless determined to be eligible for participation in the study.

During the interview potential participants will be asked a series of questions for evaluation purposes. Potential participants will be excluded from the study if they are assessed to be emotionally unstable, has current feelings of hopelessness, and has not been in therapy for six months or is currently not in therapy, has no support system in place, and is not willing to give consent to speak with their current or past therapist as part of evaluation for the screening process. The exclusions were put into place for the protection of the potential participants in order to prevent harm.

If the potential participant is determined to be ineligible or no longer plans to participate in study, information obtained in the pre-screening process will be destroyed

immediately after interview is concluded due to the sake of confidentiality and for their own protection.

If the potential participant qualifies for the study, then contact information will be obtained, and an informed consent form and release of record form must be signed for further participation in this study. Any information collected after pre-screening will be protected with the use of pseudonyms and codes in order to protect participant's confidentiality.

B) Interview Questions:

- 1.) When did the incident of date rape occur?
- 2.) Have you participated in therapy (individual/group therapy) after the incident of the date rape?
 - a.) If so, how long were you in therapy? What were then dates?
 - b.) Are you currently in therapy now?
 - c.) If no longer in therapy, what were reasons for ending therapy?
 - d.) If you never attended therapy, what were reasons for not attending therapy sessions?
- 3.) How have you been coping with the incident?
- 4.) Do you have a support system (i.e., family, friends, church, individual/group therapy, etc.) in place after the incident occurred?
Or current support system in place?
- 5.) Are you currently having trouble managing your emotions/feelings?
Or feel void of emotions?

Appendix H: Second Interview Questions

SECOND INTERVIEW: FOLLOW UP QUESTIONS

- 1.) How did you feel about the initial interview? Were there any residual feelings or issues in discussing your trauma in the first interview?
- 2.) Was there anything else you wanted to say or clarify from the first interview?
- 3.) Do you think forgiveness can be used to help date rape survivors overcome their trauma?

Appendix I: Referral Sheet

ARE YOU A
SURVIVOR
OF DATE
RAPE
SEEKING
SUPPORT?

Photo credit: Gustavo Frazao-purchased from iStock photos

Seek Support From a Clinician or Non-Profit Organization

Empowerment Through recovery

Referrals for Treatment and Recovery in Santa Barbara & Ventura Counties:

by Shemetra James, MA, PsyD Intern

NON-PROFIT ORGANIZATIONS IN SANTA BARBARA & VENTURA COUNTIES

Santa Barbara Rape Crisis Center

433 E. Canon Perdido St
Santa Barbara, CA. 93101
24hr Hotline: (805) 564-3696
Phone# (805) 963-6832
Fax# (805) 983-6240
Email: sbrcc@sbrcc.net
Website: sbrapecrisiscenter.org

Coalition for Family Harmony

1030 N. Ventura Rd.
Oxnard, CA 93030
24hr Bilingual Hotline: 1-800-300-2181
Phone# (805) 983-6014
Fax# (805) 983-6240
Email: admin@thecoalition.org
Website: thecoalition.org

**Clinicians Who
Specialize in**

Sexual Abuse, Trauma, & PTSD

Contact Your Local Clinician Today....



Photo credit: Marrio31-purchased from iStock photos

Julie Cast, LMFC, ATR

360 Mobile Ave
Suite 108C
Camarillo, CA. 93010
(805) 214-8932

Melinda Gudino, LMFT

290 Maple Court
Suite 107
Ventura, CA 93003
(805) 301-5354

Brandi Quinn, PHD, CHT, CCDC

Ventura, CA. 93001
& Location in Ojai
(805) 256-4558

James Robert Mannes

119 Figueroa St
Ventura, CA. 93001
(661) 579-4191

Karen McInytre

Ventura, CA. 93003
(805) 918-4814

Jenessa B Nye, PsyD, MFT

701 E. Santa Clara St

Bonnie Rose, MA, MFT

300 E. Esplanade Drive
Oxnard, CA. 93036
(818) 850-7457

Jill Logan

Oasis Counseling Group
601 E Daily Dr. Suite 210
Camarillo, CA 93010
(805) 623-4366

Jean C Lampert, MFT, MS, Med

73 N Palm Street Suite M1
Ventura, CA. 93001
(805) 246-9326

Jeri Johnson, LMFT

738 East Main Street
Ventura, CA. 93001
(805) 500-4186 Ext. 1

Fran Ziegler

Simi Valley, CA. 93065
(805) 728-1367

Kim Reinman

Ojai, CA. 93023

Nicole Corey, LMFT

5655 Lindero Canyon
Suite 521
Westlake Village, CA. 91362
(818) 946-2554

Bryan Russo, MS, PhD

31822 Village Center Road
Suite 102
Westlake Village, CA. 91361
(805) 576-7866

James Robert Mannes

119 Figueroa ST
Ventura, CA. 93001
(661) 579-4191

Kay Emerick, PhD

1280 S. Victoria Ave Suite 230
Ventura, CA. 93003
(805) 244-5827

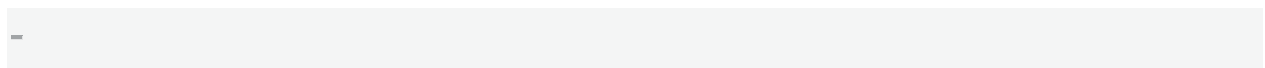
Teri Tingey, MS, LMFT

2775 Tapo Suite 204
Simi Valley, CA. 93065
(805) 918-5087

Laura Hout, MSW, MA, LMFT

Suite 43	(805) 409-8495	5276 Hollister Ave. Suite 457
Ventura, CA. 93001	Karen Dias, PsyD	Santa Barbara, CA. 93105
(805) 467-6011	22 West Micheltorena Street	(805) 380-3842
Maryann Kairys, PHD	Suite D	Rachel B Aarons, MSW, PhD
3625 E. Thousand Oaks Blvd	Santa Barbara, CA. 93101	1018 Garden Street
Suite 209	(805) 450-6365	Santa Barbara, CA. 93101
Westlake Village, CA. 91362	Caitlin Y Slutzky	(805) 450-6365
(818) 381-5629	2429 Bath Street	Marilyn J Owen, MA, LMFT
Louise Barnett, PsyD	Santa Barbara, CA. 93105	21 E. Cannon Perdido
4333 Park Terrace Drive	(805) 491-4838	Suite 206
Suite 150	Radhule Weininger, PhD, MD	Santa Barbara, CA. 93101
Westlake Village, CA. 91361	2565 Puesta Del Sol	(805) 413-4895
(805) 419-2794	Santa Barbara, CA. 93105	Ronald Lloyd Iverson, PhD
Ellyn Goldstein, MS, LMFT	(805) 409-8520	2565 Puesta Del Sol
5655 Lindero Canyon Rd	Chantal Claudia Wunderlich, MA MFT	Santa Barbara, CA. 93105
Suite 225	La Arcadia, 114 State Street	(805) 633-4465
Westlake Village, CA 91362	Suite 303	Anne A. Packford, PsyD, LMFT
(805) 246-7600	Santa Barbara, CA. 93101	26 W. Mission Street
Tom Soresen, PsyD, MA, MS	(805) 266-7251	Suite 6
5743 Corsa St.	Robbie Culp, PsyD	Santa Barbara, CA. 93101
Suite 103	1018 Garden Street Suite 106	(661) 241-0967
Westlake Village, CA. 91362	Santa Barbara, CA. 93101	
(805) 368-7991	(818) 423-4037	

Appendix J: Permissions



support@brenebrown.zendesk.com

xxxxxxxxx@xxx.xxx

support+id8876@brenebrown.zendesk.com

- Please type your reply above this line -

Your request (8876) has been updated. To add additional comments, reply to this email.

Teresa (Brené Brown Team)

Jul 24, 08:48 COT

Hi Shemetra,



Thanks for reaching out for further clarity. Yes, we are ok with Brené's Manifesto poem to be included in your dissertation and included on the links you mentioned, as long as it is appropriately attributed. Congrats on the final steps of your dissertation!

Kind regards,

Teresa

Brené Brown Team

Shemetra James

Jul 23, 17:59 COT

Hello,



I'm Shemetra James Doctoral Psychology student at Antioch University Santa Barbara, California. I had received permission from Cookie who is a member of Brene Brown's team to cite her poem "Manifesto of The Brave and Broken-Hearted" as a closing to my dissertation that I've written on date rape and forgiveness (the official title: "A Path Towards Healing: Can a Survivor of Date Rape Use Forgiveness Practices To Overcome Trauma?"), which I will properly attribute the copyright accrediting Ms. Brown in the manner that Cookie had recommended. According to my school's policies I have to make clear that my dissertation will appear along with poem be republished on the following links: 1) Proquest Dissertations and Theses Database and Proquest is a Print Demand

Publisher <http://www.proquest.com/products-services/pqdt.html>

2) Ohiolink Electronic Theses and Dissertations Center and Ohiolink ETD Center is an open access archive <https://etd.ohiolink.edu/>

3) Aura: Antioch University Repository and Archive and that AURA is an open access archive. <http://aura.antioch.edu/>

I have to ask once again if I can use the poem knowing that it will appear on these links. I want to you know, I really appreciated Cookie and Ms. Brene Brown kindness in allowing me use the poem in my dissertation. My dissertation is very important to me, and it will honor me and the participants in this study to include this poem. Once again I want to thank you for your time!

Warmly,

Shemetra James

Sent from my iPad

Cookie (Brené Brown Team)

Jul 19, 08:27 COT

Hi Shemetra,

Thanks for connecting. We are fine with your use of the Manifesto of the Brave and Brokenhearted. We just ask that it is properly attributed, which would look like this:

Brené Brown's Manifesto of the Brave and Brokenhearted Wholehearted from *Rising Strong*.

Copyright: Brené Brown

www.brenebrown.com



If you're going to adapt it, it should say:

Adapted from Brené Brown's Manifesto of the Brave and Brokenhearted Wholehearted from *Rising Strong*.

Copyright: Brené Brown

www.brenebrown.com

We wish you wholehearted success with your dissertation!

Warmly,

Cookie
Brené Brown Team

Shemetra James

Jul 17, 18:44 COT

Hi,

My name is Shemetra James. I'm a Psychology Doctoral Student at Antioch University in Santa Barbara, California. I'm writing my dissertation on date rape and forgiveness. My school informed me that I need Ms. Brene Brown permission to close my dissertation with citing her poem Manifesto of the Broken-Hearted. I'm trying to contact her to get permission. I can send a copy of my dissertation if need be. Whom ever receives this email please provide me with guidance on going about getting permission from Ms. Brown in citing her poem in my dissertation please. Thank you for your time.



Warmly,

Shemetra James

Fwd: Order details for iStock order number 2055401191

SJ

Reply all |
Thu 7/26, 5:04 PM

...

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Subject: Order details for iStock order number 2055400894

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Thanks for your recent purchase.

A PDF invoice for this order will be available in [your account](#) on the next business day.

Date	July 18, 2018
Licensee name	Not applicable
Billing address	Shemetra James Not applicable xxxx x xxxxx xx xxxxxx, xx xxxxx United States (xxx) xxx-xxxx xxxxxxxxx@xxx.xxx

Payment information

Discover

Purchase details (1 item)

1 iStock credit

Subtotal

Total

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Refunds on unused credit packs can be made within 14 days of purchase and will be credited to the payment method originally used. If any credits offered. Credits remain valid as long as your account is active.

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