A Psycho-Social Exploration of Shame within Young Adult Women's Narratives of Unwanted Sexual Experiences

Leah Simmons

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"Every time a woman stands up and says 'enough', she is standing for all women" - Unknown

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Abstract

Background: Shame is widely theorised as central to the impact of CSA, contributing to disrupted self-concept and psychological distress, relational disconnection and is a barrier to disclosure and healing (MacGinley et al., 2019). However, there is a dearth of qualitative literature within the area, with a particularly limited focus on women, shame and CSA.

Aims: The research explored the presence of shame within young adult women's narratives, and how shame is navigated and overcome over women's life course, and how it influences the construction and sharing of stories.

Methodology: A psycho-social methodology in combination with narrative inquiry was utilised to explore the presence, transformation and linguistic features of shame within young adult women's narratives. Purposive and convenience sampling methods were utilised to recruit women via university and social media. Eight young adult women participated within two interviews which was guided by the biographical narrative interpretative method (BNIM). Data was analysed using personal and structural narrative analysis methods.

Findings: The results illustrated the presence and transformation of shame across women's lives which was captured within nine narrative themes; 'Traumatic Feminine Shame', 'Retreating for Self-Protection', 'Systemic Shame Wounds', 'Navigating Relational Proximity', 'Mirrored Compassion', 'The Path of Self-Reclamation' and 'The Unburdening of Shame in Emerging Adulthood'. Structural analysis revealed three narratives types including 'Narratives of Fragmentation', 'Narratives of Disconnection' and 'Narratives of Integrated Shame'.

Conclusions: Emerging adulthood was a critical developmental period for re-authoring shame narratives. Women integrated new experiences into their identity, challenged dominant cultural narratives, and began to separate shame from their core sense of self. The findings offer recommendations for shame-sensitive practice for clinicians and organisations working with young adult survivors of USE, and highlight the need for continued political action to challenge harmful patriarchal structures which contribute to that perpetuate shame.

Introduction

Today,

In my small natural body,

I sit and learn – my women's body

Like yours

Target on any street

Taken from me

At the age of twelve…

I watch a woman dare,

I dare to watch a woman,

We dare to raise our voices

(Lessing, as cited in Herman, 2015, p. 86)

Chapter Overview

This chapter begins by defining childhood sexual abuse (CSA) and unwanted sexual experiences (USE) and provides the current prevalence and impact on female survivors. Following this, an overview of historical events and evolving narratives will be presented to situate the research within the current socio-cultural and political context. Subsequently, this chapter will conceptualise shame and provide an overview of psycho-social theories of shame in the context of CSA. Next, a meta-ethnography explores a central feature of shame which is the impact of CSA on women's self-concept and identity. Lastly, this chapter provides a rationale for exploring shame within a population of young adult women.

Childhood Sexual Abuse and the Continuum of Unwanted Sexual Experiences

Childhood sexual abuse (CSA) is a global public health concern, which occurs across countries and socioeconomic classes, and has significant detrimental consequences on a person's physical, psychological and social functioning (Pereda et al., 2009; Stoltenborgh et al., 2015). Scholars have argued that CSA lacks a unified definition which creates challenges for establishing prevalence rates and accurate measurement of outcomes, in addition to, difficulties comparing findings across studies (Fisher et al., 2017; Mathews & Collin-Vézina, 2019).This thesis was guided by the UK legal framework and definitions of CSA but adopted a broader term of 'unwanted sexual experiences' (USE) (Kogan, 2004; Reynolds et al., 2023).

The UK Government adopts a broad definition of CSA:

Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children (Department for Education, 2018).

USE is an inclusive term that captures a broad range of unwanted sexual acts that may not be included within legal definitions (Kelly & Radford, 1990). The sexual violence continuum is proposed to range from everyday incidents of sexism, pressured sex and CSA (Kelly, 1988). The continuum does not represent degrees of harm and feminist scholars emphasise attention to women's subjective interpretations of harm (Kelly, 1988). Additionally, many women interpret their experience through lens of societal narratives of 'real rape' or the 'ideal victim', resulting in self-doubt, shame, minimisation and not perceiving the incident as not serious enough to constitute label of sexual abuse (Eelmaa, S., & Murumaa-Mengel, 2022; Koss et al., 1987; Peterson & Muehlenhard, 2004). This is supported by research that indicates women are less likely to label a USE as sexual abuse if they were under the influence of drugs or alcohol, the perpetrator was their partner or there was no direct penetration (Kahn et al., 2003; Koss, 1985). The term USE was chosen as it encourages women to self-define whilst legitimising and validating distress across the continuum of USE. Within this thesis, CSA will be utilised the context of existing literature, and USE will be used in reference to the experiences of women within this study.

The legal definition of a child in the United Kingdom (UK) is a person under the age of eighteen (HM Government, 2023). The World Health Organisation (WHO) defines CSA as sexual abuse which occurs under the age of eighteen (WHO, 2017). However, this research aims to explore CSA and USE that occurs across childhood and adolescence, and will be inclusive of USE that occurred between the ages of 15-19 years. This is to reflect national and

international statistics which report that young females within this age range are more likely to experience CSA (Elkin, 2023; Finkelhor et al., 2014).

Victim and Survivor Dichotomy

There is debate regarding the language used to describe girls and women who have been subject to sexual violence (Bower, 2025). The term 'victim' is often utilised within medical and legal institutions, and is proposed to legitimise harm, increase women's legal rights and facilitate public empathy (Eelmaa, S., & Murumaa-Mengel, 2022; Warner 2024). However, victimhood language can disempower women and perpetuate harmful stereotypes of women as damaged, passive and lacking personal agency (Cunniff Gilson, 2016). Feminists encourage the use of the term 'survivor' to honour women's resilience and ability to overcome adversity (Naples, 2003). The term has been found to resonate with some women due to possessing connotations of strength and facilitating a collective identity (Newsom and Myers-Bowman 2017; O'Shea et al., 2024). However, it is argued that either identity position can restrict women's identity to their experience of sexual violence (Hunter, 2010; Mittal & Singh, 2018) and women may relate to neither or both identities and this may evolve over time (Phillip & Daniluk, 2004). Therefore, the thesis will adopt the strength-based term 'survivor', whilst being reflexive about the nuances, evolution and complexity of different positions. This study will aim to honour women's own constructions of their identity within interviews.

Prevalence of CSA

Women and girls are at risk of multiple forms of interpersonal violence, particularly CSA (Clayton et al., 2018) with an estimated global prevalence of one in five girls compared to one in seven boys (WHO, 2024). A recent meta-analysis estimated the female global prevalence of CSA as 24% (Pan et al., 2021), which is higher than previous global calculations of (12-20%) for females and (5-8%) for males (Barth et al., 2013; Pereda et al., 2009; Stoltenborgh et al., 2011).

Within the UK, the Office of National Statistics within the Crime Survey for England and Wales (CSEW) found that an estimated 3.1 million people (2.4 million women and 700,000 men) experienced CSA before the age of sixteen (Elkin, 2020). This may be an underestimation as the survey did not include late adolescence, which is when older girls are proportionally more vulnerable to sexual violence (Finkelhor et al., 2014). Furthermore, when online abuse was included within prevalence rates it increased from 19.8% to 31.6% for females and from 6.2% to 10.8% for males (Finkelhor et al., 2024).

Statistics indicate that perpetrators are disproportionally male (91.7%) (Elkin, 2020). However, one study found 40% of male CSA was perpetrated by women, therefore the current statistics may not account for the male underreporting (Dube et al., 2005). Peer-to-peer sexual abuse has been found to account for between one fifth to two thirds of CSA (Hackett, 2014). However, it is widely agreed that prevalence data does not reflect the true scale of CSA, due to inconsistent data collection methods, underreporting and under identification of CSA by professionals (IICSA, 2022; McElvaney et al., 2014). Males are considered less likely to disclose due to shame and social stigma regarding perceived deviations from masculine norms (Allnock et al., 2019; Gruenfeld et al., 2017). Whereas, female prevalence rates may be impacted by women being unaware they have experienced CSA due to normalisation of male violence and internalised victim blaming (Taylor, 2020).

The Evolving Historical, Social and Political Landscape of the Discrediting and Silencing of Girls and Women

Broader public recognition of CSA did not occur until the 1980's (Kitzinger, 2004). Feminist scholars propose that patriarchal power structures of male dominance are responsible for sexual violence, and the pervasive societal denial and silencing of children and women (Reavey & Warner, 2003; Smaal, 2013; Whittier, 2016). This can be traced back to Freud's retraction and substitution of seduction theory with oedipal fantasies which impeded the progress of treatment for female survivors of CSA (Azzopardi et al., 2018; Rush, 1996). Male power was also enacted within traditional gendered roles within family structures (Herman, 1981). Prior to the 1970's, CSA was a rare occurrence, a hidden 'private matter', that only happened to girls from low-income backgrounds or certain ethnic groups (Hunter, 2010; Whitter, 2009; Whittier, 2016). Within 1940's-1970's the dominant discourse was of the 'seductive child', and within the 1970's-1990's focused on "promiscuous girls", all of which displaces the responsibility from the perpetrator onto a young girl's character and behaviour (Lovett et al., 2018).

However, the 1970's marked the beginning of the survivor movement following the emergence of British Women's Liberation Movement (WLM) in the UK (Reavey & Warner, 2003). This enabled women to share testimonies of sexual violence, and built awareness that seemingly isolated incidents of sexual violence was a reflection of wider systemic gender inequality and oppression (Kelly, 1988; Reavey & Warner, 2003). Feminists proposed that male privilege and female oppression was maintained by secrecy and silence, and shame was a tool of oppression as "it isolates the oppressed form one another and, in this way, works

against the emergence of a sense of solidarity" (Barkty, 1990, p. 97). The movement facilitated a change in societal narratives, and women were beginning to be heard and believed (Plummer, 2002). Collective political action supported by survivor testimony, academic research and theory led to changes in public reform and resources such as rape crisis centres (Scott, 2001). However, during a similar timeframe was the emergence of a countermovement of false memory syndrome (FMS), which proposed that recovered memories of CSA were inaccurate and planted by professionals which negatively impacted the public perception of the credibility of females' testimonies (Salter & Blizard, 2022).

Within the past decade, the UK has made CSA a national political priority due to efforts of feminist movement, the publicity of 'high-profile cases' such as Jimmy Saville, child sexual exploitation (CSE), and organisational abuse (Shawar et al., 2022). This has led to a public inquiry the Independent Inquiry into Child Sexual Abuse (IICSA, 2022) and the development of government policies for the prevention and intervention of CSA including Tackling Child Sexual Abuse Strategy (Home Office 2021), and Tackling Violence against Women and Girls strategy (HM Government, 2021).

The third and fourth waves of feminism led to a shift from 'victim' to 'survivor' discourse, and social media has facilitated global social movements such as Times Up and #MeToo (Mendes et al., 2019; O'Shea et al., 2024). Women have shown resistance to shame and silencing through global collective testimony (Bergoffen, 2018). There is some evidence to suggest an increase in reporting of sexual offences and change within societal attitudes, restoring survivor's confidence of being believed (Home Office, 2021). However, there continues to be high prevalence rates of CSA, low conviction rates and pervasive victim blaming attitudes in society (Finkelhor et al., 2024; Kewley & Karsna, 2025; Theimer & Hansen, 2018). In summary, young adult women who participated in this study would have lived through socio-cultural political shifts, including a growing awareness of sexual violence through emerging feminist digital activism, Me Too# movement and uprising of Incel groups, online harm and increasing misogyny (Jegede, 2025; Phillips, 2000).

Impact of CSA

Biological Impact of CSA

Recent developments have identified the physiological impact of trauma as a risk factor for chronic health conditions (Maté, 2011; Van Der Kolk, 2014). Brain imaging studies have shown that survivors of CSA, have damage within the neurons of the hippocampus, amygdala

and pre-frontal cortex, which are responsible for memory function and emotional regulation (Edwards, 2018). CSA has also been associated with 'medically unexplained symptoms' such as chronic pain, fibromyalgia and non-epileptic seizures (Kamiya et al., 2016; Sharpe & Faye, 2006). In females, studies have shown high levels of somatisation and 'medically unexplained symptoms', complains of pelvic pain, gastrointestinal problems, irritable bowel syndrome and painful bladder syndrome (Latthe et al., 2006). CSA can have an impact on sexual, gynaecological and reproductive health, including difficulties during pregnancy and vulvodynia contributing to pain during sexual intercourse (Blaustein et al., 2024; Harlow & Stewart, 2005).

Psychological Impact of CSA

The psychological impact of CSA is varied, and not everyone will experience ongoing psychological difficulties. However, a significant amount of research has outlined the detrimental impacts of CSA of mental health in across the lifespan. Maniglio et al (2009) identified that CSA is a general "non-specific risk fact for psychopathology" (p. 648). Post-traumatic stress disorder (PTSD) was found to be strongly associated with CSA across genders, within childhood, adolescence and young adulthood (Boumpa, et al., 2022). A recent systematic review of 14 meta-analysis exploring 26 psychiatric outcomes found strongest association between CSA and conversion disorder, borderline personality disorder (BPD), depression and anxiety (Hailes et al., 2019). Other difficulties related to psychological distress include; self-harm, suicide attempts, eating disorders, alcohol and substance misuse, psychosis and eating disorders (Bebbington et al., 2011; Chen et al., 2010; Fletcher, 2021; Ng et al., 2018; Sartor et al., 2008; Smolak & Murner, 2002; Troya et al., 2021).

Social Impact of CSA

CSA is an interpersonal trauma often involving boundary violations and betrayal contributing to difficulties within interpersonal relationships, sexual intimacy and a risk factor for vulnerability to re-victimisation (Davis & Petretic-Jackson, 2000). A secure attachment with parent and peers is a partial protective factor of psychological impact of CSA. Whereas, an insecure attachment was predictive of trauma symptoms, depression and later relational trauma (Aspelmeier et al., 2007; Cantón-Cortés et al., 2015). Research shows that women with a history of CSA have difficulties within romantic relationships, trust, intimacy and sexual functioning leading to lower relationship and marital satisfaction (Nielsen et al., 2018; Pulverman & Meston, 2020). CSA has also been associated with lower educational attainment, employment difficulty and financial instability; which was mediated by physical and mental

health difficulties (Fisher et al., 2017). However, many survivors establish positive relationships, attain educational and employment goals, and have good quality of life (Domhardt et al., 2015).

Shame as a Central Affective Response to CSA

Definitions and Aetiology of Shame

Shame is a complex multi-faceted construct involving emotional, socio-cultural and political dimensions (DeYoung, 2015; Scheff, 2014) but there is currently no single unifying theory (Etherson, 2023). Shame is a painful social self-conscious emotion, which arises from feeling exposed and judged in the eyes of another following a perceived violation from social norms (Tangney et al., 1996; Tangney et al., 2007). An acute shame response is characterised by a sense of inferiority, a negative evaluation of the self and a desire withdraw or hide (Tangney, 1996). A range of physiological responses are associated with shame such as deference or submission (i.e. lowering of eye gaze, blushing, slumped body posture, hesitant speech, immobilisation, and social withdrawal) (Gilbert et al, 1994). Relational theorists conceptualise shame as an attachment emotion which can signal a rupture and disconnection within relational bonds (Kaufman, 2004). Brown (2012) defines shame as "the intensely painful feeling or experience of believing that we are flawed and therefore unworthy of love and belonging." (p. 69).

Scholars have proposed that shame exists on a spectrum "acute, healthy, adaptive shame" and "chronic, maladaptive, destructive shame" (Sanderson, 2015, p. 22). Healthy shame is considered adaptive for society as encourages group cohesion, social harmony and pro-social behaviours (Barrett, 1995; Kaufman, 2004). Chronic shame is a pervasive sense of feeling unlovable, defective or unworthy, and is often rooted within development and relational trauma, such as CSA (Dolezal, 2022b). Early childhood experiences and relationships are fundamental within the development of self-concept, and the impact of CSA distorts a child's self-concept due to stigmatization resulting in internalised shame (Finkelhor & Brown, 1985). Chronic shame can lead to an individual's personality being organised around shame avoidance (Dolezal, 2022b). Many scholars agree that due to the painful nature of shame it is often unconscious, repressed or bypassed (DeYoung et al., 2015; Morrison, 1999; Lewis, 1971; Scheff, 2004).

Chronic shame is also understood as a product of political oppression and marginalisation (Dolezal, 2022b), and an expression of one group's social power over another

(DeYoung, 2015). Feminist scholars propose that women hold an inferior status within patriarchal society and take on the social role of the 'other' contributing to women being more shame-prone (Bartky, 1990; Dolezal, 2020). Therefore, this thesis will assume an integrated definition of shame as painful embodied affect, which influences an individual's self-structure, is often unconscious and arises from and is shaped by relational disconnection, socio-cultural context and gendered power structures.

Distinguishing between Self-Conscious Emotions: A Spectrum or Distinct Emotions?

There is debate within the literature regarding whether self-conscious emotions (i.e. embarrassment, guilt, humiliation and self-blame) are distinct affective states or belong to the 'shame family' of emotions but are elicited by different interpersonal contexts differ in intensity and expression (Kaufman, 2004; Lewis, 1971; Scheff, 2000). Lewis (1971) made a clear distinction between shame and guilt and identified guilt are occurring in response to negative evaluation of behaviour 'I did something bad' and shame as a global negative evaluation of the self 'I am bad'. The boundaries between shame and guilt are blurred following trauma such as CSA as emotions tend to co-exist and merge into one cognitive construct known as "self-blame" (Janoff-Bulman, 1979; McElvaney et al., 2022). Self-blame occurs when survivors of CSA attribute fault of the abuse to their character or behaviour (Janoff-Bulman, 1979). The complexity of distinction between self-conscious emotions may be further complicated by unconscious nature of shame and defensive mechanism of emotional substitution leading to mislabelling and unacknowledged shame states (Lewis, 1971; Morrison, 1999).

Psychological Theories of Shame and CSA

A developmental psycho-social framework will be utilised within this thesis to develop an integrated understanding of psychological processes and broader societal context on women's shame following a USE within childhood and adolescence.

Developmental Theories of Shame

Psychosocial Development of Female Shame

Erikson outlined eight psychosocial conflicts which must be resolved to develop ego strength, the second conflict (autonomy vs shame and self-doubt) focuses on shame (Erikson, 1968, as cited in Bishop & Keth, 2013; Robinson, 2015). However, Erikson amongst other theorists have emphasised the role of shame across lifespan development (Mills, 2005; Scheff, 2000; Reimer, 1996). The primary development task of adolescence is the formation of

identity, and failure to resolve this conflict can result in a fragmented self-concept (Bishop & Keth, 2013). Research suggests that vulnerability to shame is increased during adolescence due to focus on peer evaluation and acceptance and the ability to assess the self against cultural standards of gender norms (Reimer, 1996). Girls are considered more shame-prone due to being socialised to be more concerned about others increasing their sensitivity to other's evaluations (Lewis, 1971; Reimer, 1996). Female socialisation is proposed to be surrounded in shame due to biopsychosocial changes (i.e. menstruation, bodily changes, emerging sexuality, and increased focus on physical attractiveness and beauty norms) and being socialised to be submissive and obedient 'good girls' (Dolezal, 2015; Phillips, 2000; Reimer, 1996). Furthermore, sexual objectification theory suggests that girls experienced are sexualised from a young age, contributing to increased risk of sexual violence, and shame due to internalisation of the male gaze (Finkelhor et al., 2014; Fredrickson & Roberts 1997). Traumatic experiences in childhood or adolescence, such as CSA has been found to contribute to high levels of shame in females, more so than boys (Feiring et al., 2002b). Research further indicates that girls showed higher levels of internalising symptoms such as shame, self-blame, depression, avoidant coping and suicidal ideation within adolescence (Alix et al., 2017; 2020; Feiring et al., 2002a; Feiring et al., 2002b). Theorists propose traumatic events within this stage of identity formation can contribute to unstable and fragmented sense of self, and contribute to difficulties within later stages of development such as the formation of intimate relationships in early adulthood (Gilmore & Meersand, 2023).

Early Adulthood, CSA and Shame

Emerging adulthood is a period of transition between adolescence and adulthood occurring between the ages of 18-30 years (Arnett, 2000). This life stage is characterised as a period of instability but also a sense of idealistic optimism whereby emerging adults experiences a sense of possibility but also feeling 'in between' stages (Arnett, 2000; Robinson, 2015). There is also an increased focus on the self as young adults are continuing to form their identity, and are focused on building autonomy, the pursuit of education and career and the formation of intimate relationships (Arnett, 2000; Robinson, 2015). Scholars propose that these factors, in addition to experiencing trauma can contribute to emerging adulthood being a critical time period of increased vulnerability, and research indicates psychological difficulties tend to arise during this period (Gilmore & Meersand, 2023). Experiencing CSA has been found to be significantly disruptive to developmental tasks, and CSA survivors are at an increased risk of psychological distress and social harms in young adulthood; including suicide

attempts, substance abuse, engaging in sexual risk taking, post trauma abuse, insecure attachment styles and lower economic wellbeing (Fergusson et al., 2008; Fergusson et al., 2013; Lynskey & Fergusson, 1997; Mokokwe et al., 2022; Serafini et al., 2015). Scholars have proposed that the main psychosocial crisis at the stage is intimacy vs isolation which can lead to sense of belonging or alienation (Robinson, 2015). Empirical research suggests that survivors are at increased risk of insecure attachment (Mokokwe et al., 2022), and female survivors of CSA face difficulties with sexual intimacy, establishing romantic relationships, disruption to their sexual self-concept and are vulnerable to re-victimization (Friesen et al., 2010; Guyon et al., 2021; Hitter et al., 2017; Meston et al., 2006; Tapia, 2014). A thirty-year longitudinal study explored the relationship between CSA and female intimate relationship outcomes (Friesen et al., 2010). Severity of CSA was found to be associated with higher rates intimate partner violence (IPV), early parenthood and lower relationship satisfaction, these outcomes were meditated by substance abuse, self-esteem and sexual risk taking within adolescence (Friesen et al., 2010). There is some evidence to suggest that experiencing sexual difficulties within early adulthood is meditated by shame and self-blame (Feiring et al., 2009). However, not all survivors experience difficulties and quality of parental and peer relationships can act as a protective or risk factors against psychological or adjustment difficulties in early adulthood (Lynskey & Fergusson, 1997).

Relational Theories of Shame and CSA

Psychoanalysis and Object Relations Theory

Contemporary psychoanalytic theories understand shame as a relational emotion which arises from ruptures in attachment (DeYoung, 2015). Psychoanalytic theorists have proposed several mechanisms through which shame may develop and become internalised (Ferenczi, 1998; Stadter, 2011). Ferenczi (1998) describes the defence identification with the aggressor, which is when the child internalises the perspective of the perpetuator to preserve attachment and psychological survival. Therefore, through this process the child may adopt the perpetrators perspective and view the abuse as their fault. Object relations theory proposes that early childhood experiences lead to the development of internal representations of self and others (DeYoung, 2015; Stadter, 2011). Traumatic experiences such as CSA disrupts the development of healthy internalised self and other objects (Ferenczi, 1998; Stadter, 2010). Instead, abusive or shaming internal objects may develop, contributing to enduring shame and self-blame. Stadter (2011) describes types of internalised other and self objects including

abusive or shaming internal others, and subjective shame states characterised by hyper arousal, dissociation or contempt directed towards the self (Stadler et al., 2011).

Unconscious Shame Defences

Psychoanalytic theories propose shame is avoided or defended against to protect the integrity of the self from ego collapse (DeYoung, 2015; Morrison, 1999; Nathanson, 1994). Empirical research has consistently found survivors of CSA repress, deny or dissociate from emotions and memories to cope and function (Briere, 1992; Goldner, 2023; Talbot et al., 2004). Dissociation is proposed to occur on a spectrum from denial, repression of memories to fragmented self-states (Briere, 1992; DeYoung 2015). Morrison (1999) proposed that shame is often avoided via emotional substitution to more manageable emotions such as contempt, rage, depression, grandiosity or envy. Nathanson (1994) proposed four strategies of shame regulations (i.e. withdrawal, avoidance, attack self and attack others) which vary in terms reactive patterns and degree of conscious awareness. Withdrawal involves social retreat or silence in an attempt to minimise shame exposure (Elison et al., 2006). Attack self occurs when anger is turned inwards to maintain social bonds, this defence is associated with self-criticism and depression. Attack other occurs when shame is disowned and projected onto another manifesting as anger towards the other to bolster self-esteem. Avoidance involves distraction from shame affect through substance abuse or grandiosity to protect self-esteem which can manifest as narcissism and perfectionism. McElvaney et al (2022) identified withdrawal and attack self strategies within young adult CSA survivors' narratives which were characterised by avoidance and self-blame.

Verbal and Embodied Manifestations of Conscious and Unconscious Shame

Shame is often unconscious but can be observed within paralinguistic features, body language or implicit within speech (McElvaney et al., 2022). Lewis (1971) described two manifestations of unacknowledged shame which were hidden from both client and therapist. Overt and undifferentiated shame occurs when shame is visible to an observer; through stuttering, slowing down of thoughts and blushing, but is experienced subjectively as a painful diffuse negative emotion and a global negative assessment of self (Lewis, 1971; Scheff, 1998). However, the emotional state is not labelled as shame but is described as feeling vulnerable, stupid or as low self-esteem (Retzinger, 1995; Scheff, 1988). Bypassed shame is covert but can be observed within rapid speech, and obsessive replaying of scenes involving the self and others as an unconscious avoidance strategy (Lewis, 1971; Retzinger, 1995). A recent study exploring young adult survivor's disclosure narratives identified implicit shame in the form of

negative self-evaluation, fear of judgement from others, and avoidance of the term sexual abuse (McElvaney et al., 2022). Additionally, higher non-verbal shame (non-Duchene smiles) was identified within women CSA survivors who avoided disclosure within interviews (Bonanno et al., 2002).

Attachment theories

Early attachment relationships form the basis of internal working model of the self and others, which is crucial for emotional regulation, establishing trust and self-esteem (Bowlby, 1973). Shame is understood to arise during moments of misattunement signalling disruption within the relational bond (Kaufman, 2004). Within the context of CSA, internalised shame can occur due to abandonment, lack of protection or belief from caregivers, negative responses to disclosure, and from abusive dynamics that occurred with the perpetrator (Karakurt & Silver, 2014). This can significantly disrupt a child's internal representation of self and others; as others may be viewed as dangerous, untrustworthy or unreliable, and the self is viewed as unlovable or bad (Ensink et al., 2021; Finkelhor & Brown, 1985). To cope survivors may adopt insecure attachment strategies of withdrawal, compliance or care seeking to manage interpersonal relationships, and the fear of rejection and abandonment (Ensink et al., 2021). Survivors are suggested to be at an increased risk of insecure attachment style (Mokokwe et al., 2022). Whereas a secure attachment is proposed to be a protective factor for later positive interpersonal relationships and self-esteem (Ensink et al., 2021; Shen & Soloski, 2024).

Chronic Shame, Trauma and CSA

The Traumagenic Dynamic model (Finkelhor & Browne, 1985) outlines four factors which contribute to trauma following CSA, which includes; traumatic sexualisation, betrayal, powerlessness and stigmatization. The authors suggest that "these dynamics alter children's cognitive and emotional orientation to the world, and create trauma by distorting children's self-concept, world view, and affective capacities" (p. 460). The stigmatization dynamic has been specifically linked to shame and guilt, due to the blame enforced by the perpetrators, awareness of social taboos, and the stigmatizing messages from wider society which impact a child's self-worth (Finkelhor & Brown, 1985).

PTSD was originally understood constellation of responses organised by fear; however, shame is increasingly been understood as core affective response to developmental trauma (DeYoung, 2015; Herman, 2011; Herman 2015; Lee et al, 2001; López-Castro., et al 2019; Taylor, 2015). Complex PTSD is thought to occur when the trauma is relational, pervasive

and repetitive and occurs at a developmentally vulnerable stage (Courtois & Ford, 2009; Herman, 2011). Complex PTSD consists of a range of responses including (i.e. re-experiencing flashbacks and intrusive memories, dissociation, hypervigilance, negative self-concept, difficulties with emotional regulation and interpersonal relationships). Judith Herman understands complex PTSD as a shame disorder and recognised women's distress within the context of system gender inequality (Herman, 2011; Tseris, 2013). Some research suggests that CSA leads to higher levels of shame than other types of traumatic events (Wetterlöv et al., 2020). CSA occurs within the context of power dynamics of domination and subordination which activates innate peri-traumatic shame response of submission (Lee et al., 2001). Cognitive trauma models propose that shame, self-blame and humiliation occur as a result of cognitive appraisal following the event (DeYoung, 2015; Lee et al., 2001; Maercker et al., 2013). Empirical research has found an association between higher levels of shame-proneness and increased PTSD symptoms and intrusive recollections over a six-year period (Feiring & Taska, 2005). Furthermore, research suggests that young girls had higher levels of shame at abuse discovery and were at a greater risk of internalising symptoms (i.e. depression) and PTSD symptoms (Feiring et al., 2002b).

Feminist Theories of Gender, Shame and CSA

Gendered Norms, Purity Culture, Internalised Misogyny and Psychological Oppression

Feminist theories seek to understand the causes and consequences of CSA and shame within the context of gendered power structures, patriarchal ideologies and how this influences societal responses and survivor's self-perceptions (Rennison, 2014; Seymour, 1998). Radical feminists propose that CSA is not due to sexual desire or solely individual acts of aggression but is an enactment of male power serving to maintain gender inequality and women's subordination (Whitter, 2009). Feminists understand shame as an embodied and socially produced emotion arising from women's inferior social positioning in society (Barkty, 1990).

Rape myths, purity culture and harmful gender norms contribute to internalisation of shame and silencing following CSA (Ott, 2025; Phillips, 2000; Ullman, 2025). Purity culture positions women as either 'pure virgins' or 'promiscuous whores', framing women's moral worth as connected to their sexual purity (Ott, 2025; Phillips, 2000). Gender norms dictate what is constituted as a 'good girl' or 'normal womanhood', and women are socialised to base their worth on their physical appearance, sexual purity and their service to others (Bem, 1981). Feminist propose that women's psychological distress following sexual violence is a product of internalised misogyny and psychological oppression, as rather than attributing responsibility

to the perpetrator women perceive sexual violence as their fault and view themselves as impure, damaged or unlovable (Barkty, 1990; Ullman, 2025). Internalised misogyny is proposed to contribute to fragmentation in self-concept causing a split between idealised women and the actual self (Ullman, 2025). Women cope by suppressing their true self and creating a 'false self' which aligns with societally imposed gender norms and stereotypes (Baker, 2013; Bartky, 1990). Feminist also propose that shame is a form of social control, as it maintains women's silence, and is a powerful tool for ensuring adherence to gender norms by punishing women (Bergoffen, 2018). Feminist scholars argue that trauma contributes to 'shame disempowerment' and shame is regulated via constant self-surveillance, perfectionism, self-sacrifice, silence and secrecy, withdrawal and emotional suppression (Baker, 2013; Ullman, 2025).

Stigmatisation, Rape Culture and Victim Blaming

Stigmatisation involves the devaluation of an individual based on a characteristic that deviates from societal norms (Andersen et al., 2022). The process of stigmatisation within the context of CSA arises from taboo of sexual abuse and the enforced blame by perpetrators and society which is internalised by the child (Finkelhor & Brown, 1985; Kennedy & Prock, 2018). Feminist propose stigmatisation occurs as a result of patriarchal ideology and misogyny leading to self-perceptions of a spoilt feminine identity (Ullman, 2025; Weiss, 2010). This has been supported by empirical research which found shame and the fear of stigma results in survivor's avoidance of identifying as a survivor or labelling the incident as CSA (Lateef et al., 2023).

Rape myths are a central feature of societal stigma towards women, and contribute to victim blaming and internalised shame and self-blame (Edwards et al., 2011). Rape myths are beliefs, attitudes and stereotypes based on false assumptions about victims, perpetrators and what constitutes sexual abuse which justify or deny sexual violence by attributing responsibility to the victim, absolve the perpetrator and minimise sexual abuse (Burt, 1980; Murray et al., 2023). Rape myths are widely accepted and dictate what constitutes a 'deserving victim' or 'real rape' (Williams, 1984). Rape myths include a) women provoke sexual assault due to their clothing, intoxication or their past sexual history, b) women make false allegations, c) 'genuine' sexual assault involves injury and resistance, d) men cannot control their sexual urges, e) sexual violence is committed by strangers in a dark alley, f) it's not sexual abuse if it occurred in a marriage or relationship, g) only certain types of girls experience sexual violence (Burt, 1980; Christie, 1986; Lonsway & Fitzgerald, 1994; Taylor, 2020). CSA research suggests older children (above 10 years) were viewed as less credible and more vulnerable to

victim blaming, due to being perceived as 'old enough' to resist or defend themselves (Davies & Rogers, 2009; Eelmaa & Murumaa-Mengel, 2022).

Research indicates that rape myths contribute to minimisation, internalised shame and self-blame preventing disclosure and seeking of therapeutic support (Heath, 2011; Health, 2013; Kennedy & Prock, 2018). Additionally, evidence suggests that the anticipation of victim blaming and fear of judgement of not being believed maintains women's silence (Collin Vézina et al., 2015; Kennedy & Prock, 2018; McPherson et al., 2025) which is meditated by shame (Catton et al., 2023). Additionally, rape myths acceptance (RMA) has been found to contribute to victim blaming from legal institutions such as treatment in police interviews or court proceedings (Greeson et al., 2016; Krahé, 2016).

Gender, Culture and Intersectionality

Intersectional feminists argue that experiences of sexual violence must be understood within the context of women's social identities and overlapping systems of oppression (Crenshaw, 1991; Whittier, 2016). Women's social identities may increase their vulnerability to CSA, and cultural norms may influence survivor's experiences of shame which is shaped by gendered power structures, cultural norms, stigma and stereotypes of women (Lateef et al., 2025). Several studies have identified that cultural and religious values influenced by patriarchal ideologies including; an emphasis on preservation of purity and virginity, women being regarded as a lower status than men, and honour cultures can result in silencing, stereotyping, victim blaming, and internalised view of self as impure or damaged (Böhm, 2017; Brazelton, 2015; Castaneda, 2021; Gonzalez & Tummala-Narra, 2025; Ligiéro et al., 2009; McEvoy & Daniluk, 1995).

The Pervasive and Enduring Impact of Shame on Female Survivors of CSA

CSA related shame occurs across genders, however there is minimal research exploring the experiences of non-binary or gender diverse CSA survivors (Capaldi et al., 2024). Some evidence indicates that female survivors experience higher levels of shame than men (Aakvaag et al., 2016; Feiring et al., 2002b). However, current research suggests that men and women may experience and express shame differently, influenced by cultural expectations of masculinity and femininity (Guerra et al., 2021). Men experience shame due to fears of seeming weak or being judged about their sexuality, whereas women feel shame related to anticipated blame or loss of social value influenced by purity culture (Guerra et al., 2021; Guyon et al., 2021).

The Psychological Impact of Shame on Female Survivors

Empirical research has identified a significant association between shame and enduring psychological distress and symptoms of PTSD following CSA (MacGinley et al., 2019). CSA related shame has associated with a number of psychological variables within female adolescence and adulthood including; depression, self-harm, suicidal ideation and anxiety (Alix et al., 2017; Alix et al., 2020; Rahm et al., 2013; Willie et al., 2016). The current empirical research on female adolescent survivors of CSA found a self-blaming attribution style increased shame, and was associated with higher PTSD symptoms and avoidant coping (Alix et al., 2017; Alix et al., 2020). Shame is also a significant maintaining factor of PTSD symptoms, as higher levels of shame females predicted PTSD symptoms after a period of six months (Alix et al., 2020). Higher levels of shame predicted depression and suicidal ideation within adolescence and adulthood (Alix et al., 2017; Andrews et al., 2000; Kealy et al., 2017; Willie et al., 2016). Females also experienced body-related shame (Andrews, 1997; Talmon & Ginzburg, 2018), which was associated with binge eating (O'Loghlen et al., 2023), self-harm (Milligan & Andrews, 2005) and projected towards intimate parts of their bodies (Dyer et al., 2015). In summary, these findings combined provide support of women displaying internalising symptoms associated with the attack self shame regulation strategy (McElvaney et al., 2022).

Psychological Mechanisms for Coping with Shame: Dissociation and Avoidant Coping

Research suggests there is well established link between shame, self-blame and dissociation amongst survivors of CSA (Feiring et al., 2009). Scholars propose that dissociation suppresses traumatic memories contributing to a short-term reduction in shame (Feiring et al., 1996). Evidence indicates that shame related dissociation prevents processing of abuse memories and maintains PTSD symptoms (Feiring & Taska, 2005). This was supported within one study which found higher levels of shame and dissociation was associated with more intrusive recollections six years post disclosure (Feiring & Taska, 2005). Additionally, one study found women who experienced CSA and were high in shame-proneness experienced more dissociation. Although, the association between shame-proneness and dissociation was also independent of history of CSA, identifying the link between shame and dissociation (Talbot et al., 2004). Further research provides some evidence that shame and stigma predict disengagement and avoidance strategies (i.e. withdrawal, denial, dissociation, silence), and perpetuates PTSD symptoms (Gibson & Leitenberg, 2001) and women are also proposed to be more likely to use avoidant strategies than men (Ullman & Filipas, 2005). Within several

studies, women have described experiencing dissociation during sexual intimacy (Goldner et al., 2023; Guyon et al., 2024; Rhodes, 2018), and experienced dissociative states as feeling like a dehumanised object associated with feelings of shame and self-disgust (Goldner et al., 2023). Avoidant coping was present within young adult survivor narratives who avoided labelling the incident as CSA or identify themselves as survivors (Lateef et al., 2023; McElvaney et al., 2022).

The Role of Shame in Female Disclosure: Fear of Judgement, Stigma and Silencing

Empirical studies have found that females identified shame, embarrassment and the fear of not being believed as the main reasons for delayed disclosure (Daral et al., 2017; Malloy et al., 2021; Taylor & Norma, 2013). Rape myths, victim blaming and gender stereotyping has been found to contribute to anticipatory stigma and influence responses to disclosure (Kennedy & Prock, 2018). One study found women were more likely to delay disclosure due to shame than males or victims of one perpetrator (Kellogg & Hoffman, 1997). An article identified gender specific responses to CSA disclosure, and found that women tended to be blamed for provoking abuse whereas men were blamed for not defending themselves (Guyon et al., 2021). Additionally, the study identified gender differences in shame as women felt shame in response to being reduced to a vulnerable 'victim' stereotype and men felt shame due to perceived deviations from masculine norms (Guyon et al., 2021). In a mixed gendered population negative reactions form others (i.e. lack of validation, minimisation or blame) was found to reinforce silencing and shame (Lateef et al., 2023). Being shamed by others was found to meditate the relationship between CSA and depression amongst adolescent girls (Aslund et al., 2007). Shame was identified as both an inhibitor and a meditator for partner disclosure, as participants experienced a 'double bind' as they felt they had a duty to inform their partner they were damaged but were also fearful of their partner's response (MacIntosh et al., 2016).

Interpersonal Relationships, Intimacy, Body and Sexual Shame

Scholars propose that "shame is a major gatekeeper that recurrently blocks the relational path" (MacGinley et al., 2019, p.1143) as withdrawal prevents reparation via empathetic connections (Herman, 2015). Shame has been found to contribute to difficulties within relational and sexual intimacy (Gewirtz-Meydan & Godbout, 2023; Guyon et al., 2024; Pulverman & Meston, 2020). Women CSA survivors describe feeling ostracised, different from others and socially isolated following CSA (Rahm et al., 2006; Rhodes et al., 2018). An association has been identified between shame and interpersonal conflict with family and partners with survivors displaying or received verbal aggression from their partners (Kim et

al., 2009). Shame has been found to extend to multiple areas within women's lives, including body related shame (Talmon & Ginzburg, 2018), sexual shame (Pulverman & Meston, 2020), sexual dysfunction (Gewirtz-Meydan & Godbout, 2023) and is a risk factor for re-victimization in adulthood (Kessler & Biescke, 1999; Tapia, 2014). Adult women survivors describe significant disruptions to their sexual self-concept (Hitter et al., 2017), and felt shame and disgust towards themselves viewing the self as 'filthy' or 'contaminated' (Guyon et al., 2024; Hitter et al., 2017; Rahm et al., 2006). Across genders, shame and self-blame predicted sexual concerns and difficulties with romantic intimacy for adolescents six years post disclosure (Feiring et al., 2009). Another article found that higher levels of sexual shame (shame about one's past experiences and behaviours) explained the relationship between CSA and sexual functioning (Pulverman & Meston, 2020). However, one study found the trait 'hardiness' as decreasing the negative impact of shame on intimacy (Feinauer et al., 2003).

Pathways for Healing and Transforming Shame

Shame resilience theory outlines four processes that regulates shame including; building critical awareness of socio-cultural factors, empathetic connections, accepting personal vulnerability and speaking shame (Brown, 2006). Empirical CSA research indicates that empathetic connections, showing personal vulnerability alleviated shame via sharing stories with other women survivors and receiving validation creating a sense of belonging (Phillip & Daniluk, 2004; Saha et al., 2011). Additionally, this enabled women to disown shame and self-blame by externalising responsibility to the perpetrator (Arias & Johnson, 2013; Saha et al., 2021; Vilencia et al., 2013). Feminists emphasise the importance of displaying resistance through solidarity and collective action, which was shown by politicising and redistributing shame to perpetrators in #MeToo movement (Littler & Rottenburg, 2019; Maruna & Brunilda, 2020; Shefer & Munt, 2019). Providing testimony, challenging stigma and contributing to social change also reduces survivors' shame (McElvaney et al., 2022; Moran & Salter, 2022; Lateef et al., 2023). Several psychological interventions have been shown to be effective in reducing CSA related shame, including compassion-focused therapy (CFT), Interpersonal Psychotherapy (IPT), Dialectical Behavioural Therapy-PTSD, and a trauma focused group (Ginzburg et al., 2009; Görg et al., 2017; McLean et al., 2022; Westerman et al., 2020). A CFT group for female adult survivors found a significant reduction in PTSD symptoms, shame, self-criticism and an increase in self-compassion with medium to large effect sizes and sustained reliable clinically significant change post-follow up (McLean et al., 2022; Westerman et al, 2020).

Systematic Literature Review: A meta-ethnography on the impact of CSA on women's self-concept and identity

Introduction

In preparation for this thesis, an initial systematic review was conducted on December 2021 focusing on the impact of CSA on men and women's self-concept and identity. The findings of the review highlighted the role of shame in the formation of negative self-concept following CSA. Furthermore, a mixed methods scoping review identified shame as a significant contributor to negative self-concept which was identified as a key component of post-traumatic sequelae of CSA (MacGinley et al., 2019). When shame infiltrates self-concept and identity, this is known as chronic shame which is defined as global evaluation of the self as unlovable or defective, and commonly occurs following CSA (Dolezal, 2022b; MacGinley et al., 2019; Zahavi, 2014). Empirical research suggests that chronic shame or 'shame-proneness' continues to impact survivors into adulthood and contributes to psychological distress, dissociation, difficulties within interpersonal relationships, prevents disclosure and help seeking (MacGinley et al., 2019).

MacGinley et al. (2019) highlighted the dearth of empirical literature on adult CSA survivors lived experience of shame. The review identified thirteen qualitative studies, and of these only three articles had a central research question on shame (Dorahy & Clearwater, 2012; Pettersen, 2013; Rahm et al., 2006), with one paper directly focusing on women and shame (Rahm et al., 2006). Therefore, given the lack of direct qualitative literature on women and shame, an updated review was conducted in April 2025 which focused on the impact of CSA on women's self-concept and identity. The development of a theoretical understanding of the impact of CSA on self-concept and identity may provide important insights into chronic shame following CSA.

There has been no previously published systematic review within this area. This review will address the following question: How does childhood sexual abuse impact women's self-concept and identity?

Method

Design

Meta-ethnography is an inductive and interpretative method of qualitative synthesis (Soundy & Heneghan, 2022) originally proposed by Noblit & Hare (1988). The aim of a meta-ethnography is to generate a higher order conceptual understanding of an area of

interest by translating, synthesising and reinterpreting the findings of individual articles (France et al., 2019; Soundy & Heneghan, 2022). Meta-ethnography was deemed the most suitable method as it supports the generation of a conceptual understanding of the underlying psychological and social processes that may influence women's self-concept and identity (France et al., 2016). Meta-ethnography can also produce insights relevant for clinical practice and policy; which is important for generating recommendations for working with women survivors of CSA (Sattar et al., 2021).

This review followed the sequential steps outlined by Noblit and Hare (1998) which includes getting started, deciding on the area of initial interest, reading the studies, determining how the studies are related, translating the studies into one another, synthesising translations and expressing the synthesis. The review process followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines (Page et al., 2021), and utilised SPIDER framework for developing the review question, search strategy and the inclusion and exclusion criteria (Cooke et al., 2012).

Table 1. *SPIDER Framework*

	SPIDER
SAMPLE	Adult women (assigned at birth) who have experienced childhood sexual abuse
PHENOMENON OF INTEREST	Exploring the impact of CSA on women's self-concept and identity
DESIGN	Any qualitative design (e.g. phenomenology, narrative inquiry, grounded theory, etc.)
EVALUATION	Women survivors view's, perspectives, lived experiences and articles that explore how women construct their self-concept and identity following CSA
RESEARCH TYPE	Qualitative methods (interviews, focus groups and studies utilising mixed methods)

Search strategy

The systematic search was conducted on EBSCO host in 4th April 2025 and four electronic databases were searched, this included CINAHL, PsychArticles, PsychInfo, and Medline. The SPIDER framework (Cooke et al., 2012), was used to develop the search strategy,

including identifying key concepts and associated search terms. The search terms were developed from the following key concepts including; 1) childhood sexual abuse, 2) women 3) self-concept 4) qualitative research. Search terms were kept intentionally broad due to the lack of qualitative research within the area. The search terms and strategy were developed and revised in consultation with the researcher's supervisor and a librarian.

The following search terms were utilised, using truncation, and combined using Boolean operators OR and AND, and line 1, 2, 3, and 4 were combined with AND Boolean operator.

Table 2. *Search strategy*

	Search Terms	**Field**
	"child* sexual abuse" or "child* sexual assault" or "child* sexual victim*" or "child sexual exploit*" or "survivor NEAR/5 child* sexual abuse" or "CSA" or "unwanted sexual experience*"	All
AND	woman or women* or female or female*	All
AND	"sense of self" or "self concept" or "self-concept" or "self schema" or "self-schema" or identity	All
AND	"qualitative research" or "qualitative method*" or "mixed-method*" or "interview*" or "focus group*"	All

Study Selection Criteria

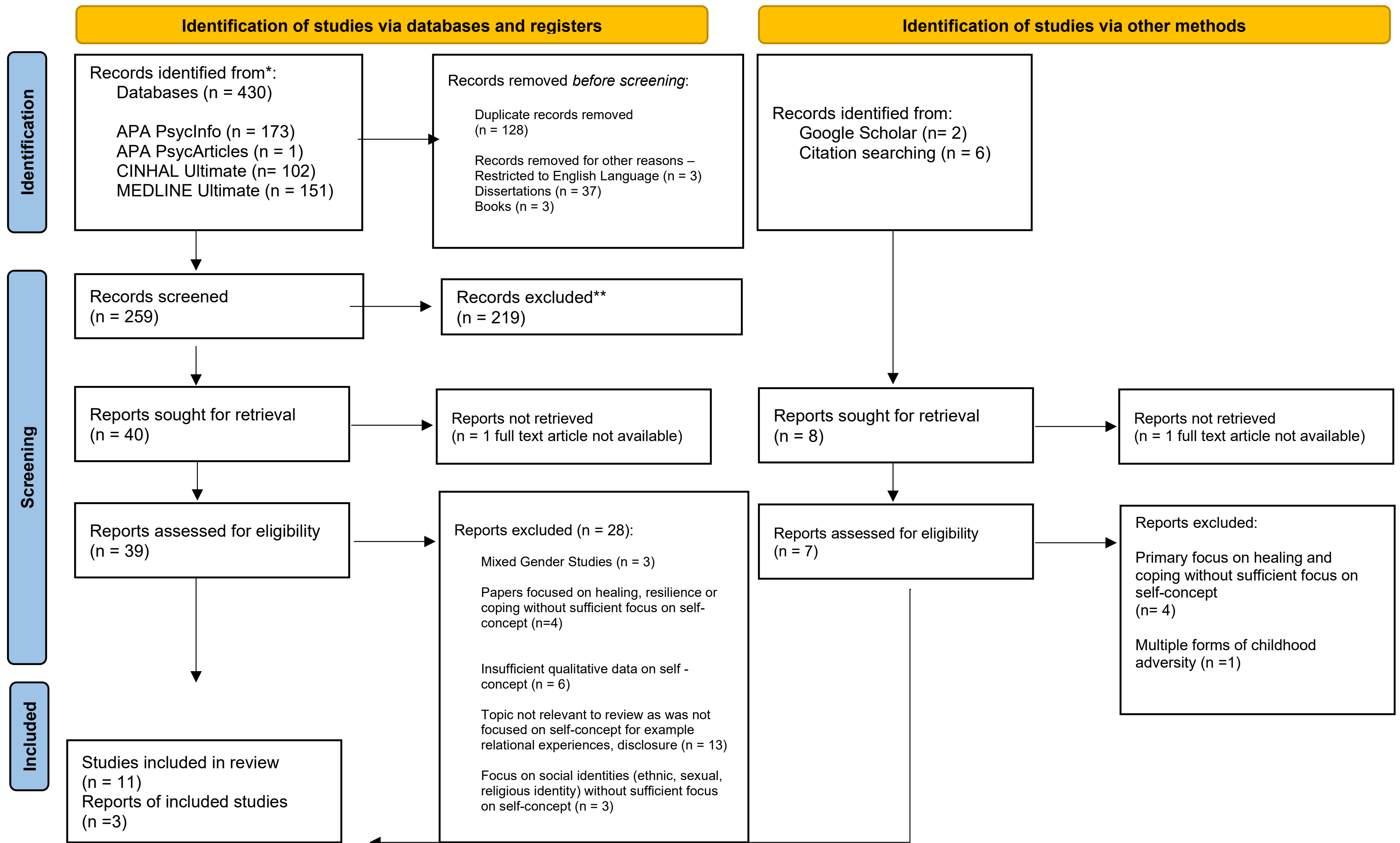
Articles were included within the review if they met the following inclusion criteria a) utilised a qualitative or a mixed-method study containing qualitative data b) focused on adult women survivors of CSA c) had a significant focus on the impact of CSA on self-concept or identity, d) were peer reviewed articles and e) written in English language. Papers were excluded if a) they employed a quantitative methodology b) focused on a different population or age range (i.e. male experiences, child and adolescent population or the impact of CSA on the self-concept of parents, therapists or siblings) c) focused on sexual violence occurring in adulthood d) focused on multiple forms of adverse childhood experiences were data relating to CSA could not be easily extracted. There was no publication limits set for this search due to the lack of qualitative research within this area.

Study Design

Study Selection

The search initially identified 430 articles. Once duplicates were removed and the results were restricted to peer review and English language 259 articles remained. The title and abstracts for these articles were screened against the inclusion and exclusion criteria; this identified 40 articles for full text review. Eleven articles met the inclusion criteria and were included within the review. Further search strategies were employed including forward and backwards citation searching, which identified one additional paper. Two papers were identified on google scholar and met inclusion and exclusion criteria so were therefore included. A total of fourteen papers were included within the review. The PRISMA diagram provides an overview of the study selection process (Page et al., 2021) (see Figure 1).

Figure 1. *PRISMA Diagram*



Quality Assessment

There are considerable debate and no clear consensus regarding what constitutes quality within field of qualitative research (Dixon-Woods et al., 2004). The methodological quality of the fourteen papers was assessed using the Critical Appraisal Skills Programme (CASP) qualitative checklist (CASP, 2018). The quality appraisal ratings are presented in Table 3.

All articles outlined clear aims which aligned with a qualitative methodology and an interpretative framework. Most studies employed purposive or snowball sampling strategies, and selected participants on the basis of key characteristics relevant to the research (Patton, 2014). Some studies recruited participants via gatekeepers within community mental health teams, private and third sector organisations (Burt, 2002; Phillip & Daniluk, 2004; Rahm et al., 2006; Saha et al., 2011), others recruited from local radios, newspapers, mailing lists and social media (Ligiéro et al. 2009). Participants were largely self-selecting and may be representative of women who are more willing to talk about their experiences possibly not capturing diversity within perspectives. Participant demographic information (i.e. age, length of time in therapy, abuse characteristic, and relationship to the perpetrator) was only briefly described or not included within some studies (Godbey & Hutchinson, 1996; Reavey & Gough, 2000), reducing transferability of findings to similar contexts. Some studies had a small sample size of two (Vilencia et al., 2013) or four (Saha et al., 2011) which may also limit transferability.

All data collection methods supported the research aims of obtaining in-depth rich information via unstructured, semi-structured or multiple interviews. A considerable strength of one article was the use of multiple data collection methods (i.e. semi-structured interviews, art and poetry) to facilitate deeper exploration of emotions and self which may be difficult to verbally articulate (Hodge & Bryant, 2019). Dependability was enhanced within one article that included the interview schedule (Hitter et al., 2017). Some articles displayed awareness of the possible impact of power imbalances during data collection and utilised participant led interviews (Phillips & Daniluk, 2004; Reavey & Gough, 2000).

The relationship between the participant and researcher was considered within some studies with some authors identifying as survivors of CSA (Burt, 2002; Choruby-Whiteley & Morrow, 2024; Hitter et al., 2017; Hodge & Bryant, 2019; Phillip & Daniluk, 2004). Two articles provided a rationale for sharing their survivor status such as alignment with feminist epistemology, facilitating safety and addressing hierarchal power relations (Burt, 2002; Phillip & Daniluk, 2004). Two studies rated the highest for methodological rigour provided detail of

their identities, positioning and pre-existing assumptions which strengthening the credibility of results by ensuring interpretations were grounded within the data (Choruby-Whiteley & Morrow, 2024; Hitter et al., 2017). Choruby-Whiteley & Morrow (2024) described critical reflexivity methods (i.e. self-reflexive journaling, peer and academic supervision and participant feedback), and reflected on their insider-outsider position of being a member of the Latter Day Saints and a CSA survivor.

The documentation of ethical processes is important given the sensitivity required for conducting research with trauma survivors. However, only four articles clearly stated receiving ethical approval from their respective organisations (Godbey & Hutchinson, 1996; Hitter et al., 2017; Rahm et al., 2006; Saha et al., 2011). Some articles referenced ethical considerations such as informed consent and confidentiality (Hodge & Bryant, 2019; Ovenden, 2012; Saha et al., 2011; Woodiwiss, 2013), however this was unclear within many articles (Phillip & Daniluk, 2004; Reavey & Gough, 2000; Woodiwiss, 2013; Vilencia et al., 2013). Additionally, the majority of the articles did not document processes for mitigating psychological distress (Choruby-Whiteley & Morrow, 2024; Phillip & Daniluk, 2004; Reavey & Gough, 2000; Woodiwiss, 2013; Vilencia et al., 2013) and no authors mentioned the use of a distress protocol. However, some studies included the offer of post-interview support such as access to support group, organisation or therapist (Alejandra, 2017; Burt, 2002; Godbey & Hutchinson, 1996; Hitter et al., 2017; Ligiéro et al., 2009).

Most studies provided a significant amount of detail on the method of analysis which aligned with the described methodology. However, a limitation of several papers was the lack of information provided regarding the method and procedure of data analysis (Alejandra, 2017; Hodge & Bryant, 2012; Saha et al., 2011; Woodiwiss, 2013). The trustworthiness of these articles could have been improved by providing detailed steps to demonstrate rigour within the analysis process. For example, Alejandra (2017) stated completing thematic analysis, but provided no information on the type of thematic analysis or details of how the themes were derived from the data. This limits dependability and a researcher's ability to follow the same analytic steps. Additionally, Burt (2002) did not include participant quotes to support their interpretations, reducing participant's voice and limiting the reader's ability to establish the credibility of the findings. A substantial number of articles were strengthened by measures that enhanced credibility including researcher triangulation through multiple coders and peer review (Choruby-Whiteley & Morrow, 2024; Hitter et al., 2017; Ligiéro et al. 2009; Rahm et al., 2006), the use of analytic memoing (Godbey & Hutchinson, 1996), and respondent

validation (Burt, 2002; Godbey & Hutchinson, 1996) and analytic themes (Phillip & Daniluk, 2004). Most studies provided detailed extracts of quotes thick description, and epistemological and theoretical alignment enhancing dependability and confirmability.

All studies provided valuable contributions and most made clinical, political and policy recommendations. Some articles failed to discuss how findings could be transferable to similar contexts which was further limited due to the lack of demographic information (Alejandra, 2017; Godbey & Hutchinson, 1996; Ovenden, 2012; Reavey & Gough, 2000).

Table 3. *Summary table of Critical Appraisal*

Authors	Clear Aims	Methodology	Research Design	Recruitment	Data Collection	Participant/ Researcher Relationship	Ethics	Data Analysis	Clear Findings	Value of Research	CASP Score
Godbey & Hutchinson (1996)	Y	Y	CT	CT	CT	CT	Y	Y	Y	Y	6
Reavey & Gough (2000)	Y	Y	Y	CT	CT	CT	CT	Y	Y	Y	6
Burt (2002)	Y	Y	Y	Y	Y	Y	CT	CT	CT	Y	7
Phillips & Daniluk (2004)	Y	Y	Y	Y	Y	Y	CT	Y	Y	Y	8
Rahm et al. (2006)	Y	Y	Y	Y	Y	CT	Y	Y	Y	Y	9
Ligiéro et al. (2009)	Y	Y	Y	Y	Y	CT	CT	Y	Y	Y	7
Saha et al. (2011)	Y	Y	Y	Y	Y	CT	Y	CT	Y	Y	8
Ovenden (2012)	Y	Y	Y	CT	Y	CT	CT	Y	Y	Y	8
Woodiwiss (2013)	Y	Y	Y	Y	Y	N	CT	CT	Y	Y	9
Vilencia et al. (2013)	Y	Y	Y	Y	Y	N	CT	Y	Y	Y	8
Alejandra (2017)	Y	Y	Y	CT	CT	N	CT	CT	Y	Y	5
Hitter et al. (2017)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10
Hodge & Bryant (2019)	Y	Y	Y	Y	Y	Y	CT	CT	Y	Y	8
Choruby-Whiteley & Morrow (2024)	Y	Y	Y	Y	Y	Y	CT	Y	Y	Y	9

Quality Appraisal Checklist: Yes = Y, **No** = N, **Can't Tell** = CT

Table 4. *Summary of Included Articles*

Author	Sample	Type of Abuse	Country	Data Collection and Analysis	Study Aim
Godbey & Hutchinson (1996)	10 (Women) No age stated	Intra-familial CSA	USA	Semi-Structured Interviews Grounded Theory	Developing an exploratory model of the process of healing the self from CSA in adult women
Reavey & Gough (2000)	7 (Women) No Age Stated	Not Reported	UK	Semi-Structured Interviews Discourse Analysis	Examining issues of sexuality and identity in women who have experienced CSA
Burt (2002)	6 (Women) No age stated	Not Reported	Canada	Unstructured Interviews Unclear	Exploring the experience of art therapy on women survivors' connection to self and others
Phillips & Daniluk (2004)	7 (Women) Aged 30-75 years	Intra-familial CSA	USA	Semi-Structured Interviews Phenomenology	Exploring how women experience their identity throughout the process of recovery from CSA
Rahm et al. (2006)	10 (Women) Aged 22-57 years	Intra-familial (8) & Extra-familial (2)	Sweden	Semi-Structured Interview Content Analysis	To explore how women who have experienced CSA express 'overt or 'covert' shame
Ligiéro et al. (2009)	9 (Women) Aged 19-43 years	Intra-familial (5) & Extra-familial (4)	Brazil	Semi-Structured Interviews Grounded Theory	To gain an understanding of how personal and cultural factors influence coping following CSA
Saha et al. (2011)	4 (Women) Aged 31-64	Intra-familial (2) & Extra familial (2)	UK	Biographical Narrative Interpretative Method Narrative Analysis	To explore how sense of self evolves within the recovery process following intensive therapy

Author	Sample	Type of Abuse	Country	Data Collection and Analysis	Study Aim
Ovenden (2012)	5 (Women) 19-28 years	Not Reported	Australia	In-Depth Interviews Thematic Decomposition	Exploring how young women negotiate victim and survivor identities in relation to dominant therapeutic and cultural discourses
Woodiwiss (2013)	16 (Women)	Not Reported	UK	Semi-Structured Interviews or Written Account Thematic Analysis	Exploring women's engagement and relationship to sexual abuse literature and their constructions of self-concept and life stories
Vilencia et al. (2013)	2 (Women) Aged 52 and 44	Extra-familial	Australia	Semi-Structured Interview Interpretative Phenomenological Analysis	Exploring process of meaning making and growth on self and beliefs following CSA
Alejandra (2017)	11 (Women) 29-59	Not Reported	Mexico	Semi-Structured Interview Thematic Analysis	To develop an understanding of dominant oppressive family and cultural narratives on women self-image who have experienced CSA
Hitter et al. (2017)	8 (Women) Aged 28-45	Intra-familial & Extra-familial	USA	Semi-Structured Interview Thematic Analysis	Gaining an understanding of positive sexual self-schema
Hodge & Bryant (2019)	7 (Women) Aged 20-50	Intra-familial & Extra-familial	Australia	Dialogical Interviews, Poetry and Art Feminist Application of Bakhtinian Sociolinguistics	Understanding dialogical constructions of self, meaning and emotions of women with eating disorders who have experienced CSA
Choruby-Whiteley & Morrow (2024)	14 (Women) Aged 18-70	Intra-familial & Extra-familial	USA	Semi-Structured Interview Grounded Theory	Understanding lived experience of cultural and religious norms on women survivors of CSA on sense of self

Analysis

The author followed seven steps of analysis as outlined by Noblit and Hare (1988), additional articles that provided in-depth guidance on analytic steps were also consulted to ensure methodological integrity (Britten et al., 2002; France et al., 2016; Sattar et al., 2021).

Reading of the Studies

This stage involved multiple readings of all included articles to gain familiarity with the content and begin to identify a list of key concepts, metaphors and themes (Sattar et al., 2021). Key concepts are conceptual ideas that hold explanatory power and are not purely descriptive (Sattar et al., 2021). During this stage, participant quotations (first order constructs) and the author's interpretations (second order constructs) were copied verbatim into a data extraction form as suggested by Sattar et al. (2021) to ensure fidelity to the author's original interpretations (Britten et al., 2002). The author also began to extract key contextual information about each study including participant demographic information, location of the study, studies aims and data collection and analysis methods (Sattar et al., 2021) an extract of the tabulated concepts are displayed in Table 5.

Determining how the studies are related

The next phase involved the identification of common and re-occurring concepts (Britten et al., 2002). This involved generating a list of themes, concepts and metaphors from each study and comparing them to establish relationships between concepts. Following this, the list of concepts was reduced and clustered into re-occurring concepts (Sattar et al., 2021).

Translating studies into each other

During this stage, the concepts from one article is compared with the concepts in another to "check for presence and absence of commonality" (Sattar et al., 2021 p.7). A translation table and narrative summary of the key concepts aided the process of constant comparison, highlighting any areas of similarities and differences across concepts. This process resulted in the development of nine overarching key concepts which are illustrated within Table 6.

Synthesising translations

During this stage, the individual articles are integrated into a coherent whole to develop an overarching conceptual framework (Noblit & Hare, 1988; Sattar et al., 2021). Meta-ethnography outlines three types of synthesis; reciprocal translation synthesis; refutational synthesis and a line of argument synthesis. The analysis found that the concepts were

predominantly reciprocal in nature and four overarching categories were developed 'shattered selves', 'systemic patriarchal oppression', 'embodiment and introspective engagement with the inner world', and 'empowered self-authorship and reclaiming personhood' and a line of argument was produced.

Writing the Synthesis

The line of argument synthesis is displayed in narrative and diagrammatical form see Figure 2.

Table 5. *Tabulated Key Concepts*

Study	Phillip & Daniluk (2004)
Purpose	Exploring how women experience their identity throughout the process of recovery from CSA
Sample	7 Women Aged 30-75 Years
Setting	USA
Data Collection	Semi-Structured Interviews Phenomenology
Concepts	
Internalised Shame and Self-Blame	Women described a contaminated identity characterised by shame and self-blame
Internal Fragmentation	Women experienced sense of incongruence and discrepancy between their private and public selves
Oppressive Patriarchal Norms and Discourses	-
Stigmatised Identities and Self-Protective Silence	Women felt defined abuse and could not tell anyone to prevent self from vulnerable self from being 'known'
Relational Witnessing and Visibility	Being seen and heard by others facilitated congruence, visibility and integration
Reconnecting with Disowned Parts	Connecting with emotions, grief and mourning was a significant part of recovery and dismantling of the false self
Meaning Making	Women derived meaning within therapeutic group context which facilitated understanding abuse within the social political context
Embodied Agency	Women re-connected with a sense of personal agency, and acknowledge their inner strength and resilience within later stages of healing
Restoring Wholeness	Women accepted the abuse into an integrated life narrative, and transitioned to releasing the limiting survivor identity
Explanation/Theory (second order interpretation)	Women's identity transitioned from a contaminated identity characterised by shame and self-loathing, to an empowered self-definition, relinquishing the survivor identity and experiencing post-traumatic growth.

Table 6. *Cross Comparison Table of Key Concepts*

	Godbey & Hutchinson (1996)	Reavey & Gough (2000)	Burt (2002)	Phiilips & Daniluk (2004)	Rahm et al. (2006)	Ligiéro et al. (2009)	Ovenden (2012)	Saha et al. (2011)	Woodiwiss (2013)	Vilencia et al. (2013)	Alejandra (2017)	Hitter et al. (2017)	Hodge & Bryant (2019)	Choruby-Whiteley & Morrow (2024)
Internalised Shame and Self-Blame	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Internal Fragmentation	*	*	*	*	*	*	-	*	*	*	*	*	*	-
Oppressive Patriarchal Gender Norms and Discourses	-	*	-	-	*	*	*	-	*	-	*	*	*	*
Stigmatised Identities and Self-Protective Silence	*	*	*	*	*	*	*	*	-	-	*	*	*	*
Relational Witnessing and Visibility	*	-	*	*	-	*	-	*	*	*	-	*	-	*
Re-Connecting with Disowned Parts	*	-	*	*	-	-	-	*	*	*	-	-	-	-
Meaning Making	*	*	*	*	-	-	-	*	*	*	-	-	-	*
Embodied Agency	*	*	*	*	-	*	*	*	*	*	*	*	-	*
Restoring Wholeness	*	-	*	*	-	*	*	*	*	*	*	*	-	-

Results

Shattered Selves

Internalised Shame and Self-Blame

The impact of CSA was described as an injury to women's sense of self and self-worth (Godbey & Hutchinson, 1996; Phillip & Daniluk, 2004; Rahm et al., 2006; Saha et al., 2011; Vilencia et al., 2013). All articles described how women experienced pervasive shame, guilt and self-blame that often continued into adulthood (Choruby-Whiteley & Morrow., 2024; Ligiéro et al., 2009; Rahm et al., 2006; Saha et al., 2011; Vilencia et al., 2013).Women's held core beliefs of unworthiness and felt their identity was contaminated and described feeling dirty, irreparably shattered or broken (Hitter et al., 2017; Phillip & Daniluk, 2004; Rahm et al., 2006; Vilencia et al., 2013). The impact of CSA and internalised shame also impacted women's relational template as they described feeling powerless, insignificant and unworthy of love or respect from others (Alejandra, 2017; Rahm et al., 2006; Saha et al., 2011). Articles described variation in sources of internalised shame which included; introjection of the abusers acts impacting child self-esteem (Godbey & Hutchinson, 1996), attachment trauma from betrayal and lack of protection from primary caregivers (Godbey & Hutchinson, 1996; Rahm et al., 2006), and the internalisation of harmful gender norms, purity culture and the systemic oppression and subjugation of women (Choruby-Whiteley & Morrow., 2024; Hitter et al., 2017; Ligiéro et al., 2009).

Internal Fragmentation

Nearly all articles described a process of internal fragmentation that occurred following CSA and continued into adulthood. Godbey & Hutchinson (1996) named this process "the burying of the integral self", where a part of the self that carries the psychic pain is suppressed and remains outside of conscious awareness (Godbey & Hutchinson, 1996; Saha et al., 2011; Vilencia et al., 2013). This involved conscious and unconscious mechanisms including; repression, cognitive avoidance, and alcohol and substance abuse (Burt, 2002; Godbey & Hutchinson, 1996; Ligiéro et al., 2009; Rahm et al., 2006; Saha et al., 2011; Vilencia et al., 2013), which contributed to a sense of confusion and a lack of narrative coherence following abuse (Hitter et al., 2017; Ligiéro et al., 2009; Saha et al., 2011). These mechanisms served a protective function, preventing women from experiencing unbearable psychological distress enabling them to continue to function (Ligiéro et al., 2009; Saha et al., 2011; Vilencia et al., 2013). Vilencia et al (2013) described avoidance as a means of coping as a necessary mechanism for women to "maintain the integrity of the personality structure" (p. 49). For some

women, these memories remained outside of conscious awareness until a critical incident led to a resurgence of memories and emotions (Godbey & Hutchinson, 1996; Saha et al., 2011).

Many women experienced an ongoing sense of internal vulnerability, and coped by developing of a false self to prevent judgement from others and hide their vulnerability (Rahm et al., 2006). Some women connected to the concept of false-self presented within CSA self-help literature as a protective persona which concealed the 'true self' (Woodiwiss, 2013). This concept was reflected in other studies as women described an incongruence between their public and private selves and disconnection from their authentic selves (Burt, 2002; Phillip & Daniluk, 2004). Saha et al (2011) described this as the creation of a "double self", to hide "the traumatised and scared inner self" and present a socially acceptable image to the world (p. 110). Other studies found women presented a tough masculine identity and hard exterior as a shield protecting them from a self-blaming position and a shamed identity (Reavey & Gough, 2000). Consequently, suppression of emotions and concealment of vulnerability led to emptiness and social disconnection (Phillip & Daniluk, 2004; Rahm et al., 2006; Reavey & Gough, 2000).

Systemic Patriarchal Oppression

Oppressive Patriarchal Gender Norms and Discourses

Many articles described the presence and influence of systemic patriarchal oppression and harmful gender norms and discourses (Alejandra, 2017; Choruby-Whiteley & Morrow, 2024; Hitter et al., 2017; Hodge & Bryant, 2017; Ligiéro et al., 2009; Ovenden, 2012; Reavey & Gough, 2000), such as purity culture and rape myths which ties women's worth to their virginity, and places the responsibility of controlling male desire and protecting purity onto women (Choudry-Whiteley & Morrow, 2024; Ligiéro et al., 2009). Cultural discourses were internalised and women perceived themselves as 'damaged', 'impure' and responsible for harm they incurred (Alejandra, 2017; Choruby-Whiteley & Morrow, 2024; Ligiéro et al., 2009; Hitter et al., 2017; Reavey & Gough, 2000). Within one article, women described the influence of machismo in Brazilian culture which shaped gendered scripts of power and contributed to normalisation of gendered violence, and the objectification and subjugation of women (Ligiéro et al., 2009). Within another study, women internalised perceptions of themselves as sexual objects, and had an awareness of the male gaze from a young age, leading to shame and disruption of their sexual self-schema (Hitter et al., 2017). Other studies described the influence of oppressive norms and victim blaming narratives on enhancing women's self-blame and on the erasure of male responsibility (Ligiéro et al., 2009; Reavey & Gough, 2000). Reavey & Gough (2000) noted women's allocation of self-blame and the lack of the presence of the

perpetrator within transcripts was evidence of wider societal discourses that position women as responsible for CSA.

Some articles described the harmful impact of medicalised discourses which perpetuated the harm narrative by pathologising women's and restricting them to a disempowering, shameful and wounded identity (Ovenden, 2012; Reavey & Gough, 2000; Woodiwiss, 2013). Authoritative femininity and victimhood discourses were found to reinforce shame by positioning women as passive, fragile, irrational, mentally ill or as deviating from normal womanhood (Hodge & Bryant, 2017; Ovenden, 2012, Woodiwiss, 2013). Hodge & Bryant (2017) explained these discourses were influential in how women interpreted their suffering, which was regarded as pathology rather than an understandable response to systemic social injustice. Ovenden (2012) posits that shame is reinforced by lack of available positive identity positions for women. Several studies described how these discourses restricted women's agency in shaping their own meaning and minimised the phenomenological complexity of women's experiences (Hodge & Bryant, 2017; Ovenden, 2012).

Stigmatised Identities and Protective Self-Silencing

Patriarchal cultural norms and victim blaming narratives shaped familial and institutions responses to abuse and perpetuated women's silence and shame (Alejandra, 2017; Hodge & Bryant, 2017; Ligiéro et al., 2009; Reavey & Gough, 2000). Women were often silenced or self-silenced to protect themselves from stigma, and the fear of either judgement, rejection, further harm or retribution. Nearly all studies described the challenges women faced in talking about the abuse (e.g. Ligiéro et al., 2009; Phillip & Daniluk; Reavey & Gough, 2000; 2004; Rahm et al., 2006) with some women not disclosing until years later (Ligiéro et al., 2009). Many women remained silent and did not tell their family or friends as they did not want to risk being ostracised, rejected or not believed (Hitter et al., 2017; Hodge & Bryant, 2019; Ligiéro et al., 2009; Rahm et al., 2006). Some women described the influence of honour-based culture, and how silence was often enforced by family members or women's reasoning for non-disclosure was to protect their family image (Ligiéro et al., 2009).

Ligiéro et al. (2009) described how victim blaming culture contributed to fear of a stigmatised identity and being labelled as a liar or tainted goods which could make them vulnerable to future harm. One article described the role of harmful gender norms within religious institutions as reinforcing victim blaming (Choruby-Whiteley & Morrow, 2024), as women internalised the belief that they are responsible for protecting their purity and that

sexual abuse was a sin. One woman feared she would be blamed for freezing and not attempting to stop the abuse so she did not disclose to her church leader due to fears of the consequences (Choruby-Whiteley & Morrow, 2024). Some women avoided disclosure due to stigma and concerns of being positioned as the victimized woman and were concerned this would change others perception of them (Ovenden, 2012).

In addition, the difficulties in talking about the abuse was also compounded by threats from the perpetrator which impacted women's confidence of being believed (Alejandra, 2017). When some women attempted to disclose, they were not viewed as credible and were blamed, disbelieved and even physical harmed by their families and adults in positions of authority (Alejandra, 2017; Choruby-Whiteley & Morrow, 2024; Ligiéro et al., 2009; Hitter et al., 2017; Saha et al., 2011). Familial responses to disclosure were influential in the meaning women attributed to the event and reinforced negative self-image, powerlessness and shame (Alejandra, 2017; Hitter et al., 2017). Most women had a deep sense of feeling different, socially isolated and estranged from others (Choruby-Whiteley & Morrow, 2024; Hodge & Bryant, 2017; Phillip & Daniluk, 2004; Rahm et al., 2006).

Relational Witnessing and Visibility

Nearly all studies found relational healing and connection as an important factor for reducing shame and transforming negative self-perceptions following CSA. Relationships with others including friends, family, partners and therapists were described as facilitating the process of "resurrecting the buried self" (Godbey & Hutchinson, 1996, p. 306). Several studies described how allowing their hidden vulnerable self to be seen facilitated internal continuity and integration (Phillips & Daniluk, 2004; Saha et al., 2011). For some women, talking about their experience with others created a sense of collective belonging, acceptance and solidarity which provided a "safe haven for damaged self to heal" (Saha et al., 2011, p.110). Within one study, finding a group who provided validation of CSA experiences and a sense of acceptance and belonging in regards to their queer identity facilitated healing (Hitter et al., 2017).

The process of "witnessing" as described by (Burt, 2002, p. 22), was a process of attunement and relational containment enabling women to disclose and explore their internal worlds, and connect with and navigate complex and painful emotions. The therapeutic process supported women to challenge shame-based beliefs and begin to develop an improved relationship with the self (Saha et al., 2011; Vilencia et al., 2013). This occurred through being able to vocalising their experience, supported to externalise blame and shame whilst being met

with compassion and validation (Burt, 2002; Phillip & Daniluk, 2004; Saha et al., 2011; Vilencia et al., 2013). Although, some women had more difficult experiences with disclosure as recipients of disclosure assumed women blame themselves and displayed passive empathy rather than non-judgemental 'critical witnessing' (Ovenden, 2012, p. 947).

Embodiment and Introspective Engagement with the Inner World

Reconnecting with Disowned Parts

Some articles described process of re-connecting with pain, disowned parts, and vulnerability that been unconscious or avoided following lengthy periods of suppression (Burt, 2002; Godbey & Hutchinson, 1996; Phillip & Daniluk, 2004; Saha et al., 2011; Vilencia et al., 2013). Some studies found that women experienced a resurgence of memories following significant life event which required women to confront their pain (Godbey & Hutchinson, 1996; Saha et al., 2011; Vilencia et al., 2012). Vilencia et al (2013) found this occurred when the necessity to turn and confront the pain was greater than the need to maintain avoidance. The re-connection with pain often led women to seek therapy, and process of reconnecting with disowned parts was a process that often occurred within therapy (Burt, 2002; Ligiéro et al., 2009; Phillip & Daniluk, 2004; Saha et al., 2004; Vilencia et al., 2013). This stage of healing involved the active acknowledgement of the impact of CSA and defence mechanisms and re-connecting with previously avoided emotions (Godbey & Hutchinson, 1996; Saha et al., 2011; Vilencia et al., 2017). For many women this was a necessary but described as the most painful part of the process which involved surrendering to the pain, grief and the wounded inner child (Godbey & Hutchinson, 1996; Phillip & Daniluk, 2004; Vilencia et al., 2013). The grief processes consisted of connecting with the loss of childhood innocence and loss and regret associated with the life that could have been lived (Godbey & Hutchinson, 1996; Phillip & Daniluk, 2004). The process of art therapy enabled women to connect with their inner self, and begin to feel, express and release painful emotions (Burt, 2002).

Meaning Making

Many studies described a process of active transformation of the self that often occurred within therapy (Godbey & Hutchinson, 1996; Saha et al., 2011; Vilencia et al., 2013). Women were supported to recognise and challenge shame and self-blame based beliefs (Burt, 2002; Godbey & Hutchinson, 1996; Philip & Daniluk, 2004; Saha et al., 2011; Vilencia et al., 2013). Some studies described this as a cognitive process of involving self-awareness and the re-evaluation of previously held beliefs (Saha et al., 2011; Vilencia et al., 2013). This sustained cognitive focus on internal pain and beliefs was described by as a process of "active and

deliberate rumination" (Vilencia et al., 2013, p. 50). For some women this process occurred via assimilation of unconscious material through art therapy facilitating new insights (Burt, 2002). A significant component of this stage was externalisation and reattributing responsibility to the perpetrator (Godbey & Hutchinson, 1996; Phillip & Daniluk, 2004; Saha et al., 2011; Vilencia et al., 2013), and understanding abuse within the wider socio-political context (Choruby-Whiteley & Morrow, 2024; Phillip & Daniluk, 2004), which was important for reducing shame and restoring self-worth (Saha et al., 2011; Vilencia et al., 2013). Choruby-Whiteley & Morrow (2024) stated a central tenet of healing was to give their experiences meaning by advocating and contributing to social change.

Empowered Self-Authorship and Reclaiming Personhood

Embodied Agency

Within most studies a central mechanism of healing was a process of establishing personal empowerment, agency, self-efficacy and resilience (Choruby-Whiteley & Morrow, 2024; Ligiéro et al., 2009; Phillip & Daniluk, 2004; Saha et al., 2011). One article described the development of an "enhanced sense of self" following therapy, characterised by self-efficacy, and an increased ability to regulate emotions, make decisions and utilise effective coping strategies (Saha et al., 2011, p. 111). Another article identified the cultural valued trait of 'controlarse' as a protective factor which enabled women to withstand adversity, identify with self characteristics of being 'strong' and embodying courage which enabled them to resist oppressive gender norms (Ligiéro et al., 2009, p. 77). Several articles identified agency within self-definition and resistance to stigmatised identities as significant for healing as women resisted the position of a "weak victim" and challenging the stigma associated with this identity (Ovenden, 2012; Reavey & Gough, 2000)**.** Other women found empowerment through supporting the next generation of women (Choruby-Whiteley & Morrow, 2024; Hitter et al., 2017), and transforming their pain into strength by challenging harmful religious pedagogy by advocating for trauma-informed religious practices (Choruby-Whiteley & Morrow, 2024). However, this was not the case for all women who were described as experiencing ongoing difficulties with emotion regulation, persistent shame and self-blame, and feelings of powerless and regressing to a child-like state when distressed (Ligiéro et al., 2009; Rahm et al., 2006).

Restoring Wholeness

Many studies described women's transformation from a negative to a positive coherent self-concept (Godbey & Hutchinson, 1996; Hitter et al., 2017; Saha et al., 2011; Vilencia et al., 2013). This process of integration and re-shaping of self beliefs beginning in the earlier stages

of healing enabled women to establish a coherent narrative between their past and present self and integrate the abuse into a larger life story, facilitating biographical integration and continuity (Godbey & Hutchinson, 1996; Hitter et al., 2017; Phillip & Daniluk, 2004; Vilencia et al., 2013; Woodiwiss, 2013). Some women described no longer viewing CSA as a defining characteristic of the self and instead were in process of reclaiming personhood (Phillip & Daniluk, 2004; Saha et al., 2011; Vilencia et al., 2013), allowing other aspects of themselves to emerge such as being an artist (Godbey & Hutchinson, 1996). One article described how women initially found the survivor identity a source of strength but this became limiting within the later stages of healing (Phillip & Daniluk, 2004). Several articles found that women developed a better relationship with themselves. This occurred through integration, self-acceptance, the development of positive core beliefs which enabled women to begin to view themselves as whole (Phillip & Daniluk, 2004; Saha et al., 2011; Vilencia et al., 2013) rather than broken (Hitter et al., 2017). Within one article, women connected with the idea of a makeable self, and the process of becoming whole was described as finding the true self or rebuilding the once shattered self (Woodiwiss, 2013). Some women also experienced a greater sense of congruence between their internal selves and externa persona (Phillip & Daniluk, 2004). The process of integration and becoming whole was also described a transition from bodily disconnection to embodiment and integration of the mind and body (Hitter et al., 2017).

Post-traumatic growth featured within a number of studies, and included an improved relationship with self and others, a shift in global beliefs about the world as safe and a growing sense of optimism, appreciation for life and spiritual growth (Godbey & Hutchinson, 1996; Hitter et al., 2017; Phillip & Daniluk, 2004; Vilencia et al., 2013; Woodiwiss, 2013). However, two studies were critical of the healing narrative which encourages a journey of recovery and self-actualisation but can actually maintain an image of a damaged self in need of continuous healing (Ovenden, 2012; Woodiwiss, 2013).

Overall, many studies identified restoring agency and psychological integration as contributing to the development of a more positive self-concept and improved wellbeing (e.g., Vilenica et al., 2013). However, across the articles, healing was often characterised as a non-linear and dynamic process, often with no fixed endpoint (Godfrey & Hutchinson, 1996; Hitter et al., 2017; Saha et al., 2011; Vilenica et al., 2013). The articles further suggest that progress in empowerment and integration may remain vulnerable to disruption, with some women continuing to experience psychological distress alongside agency and coherence (Alejandra,

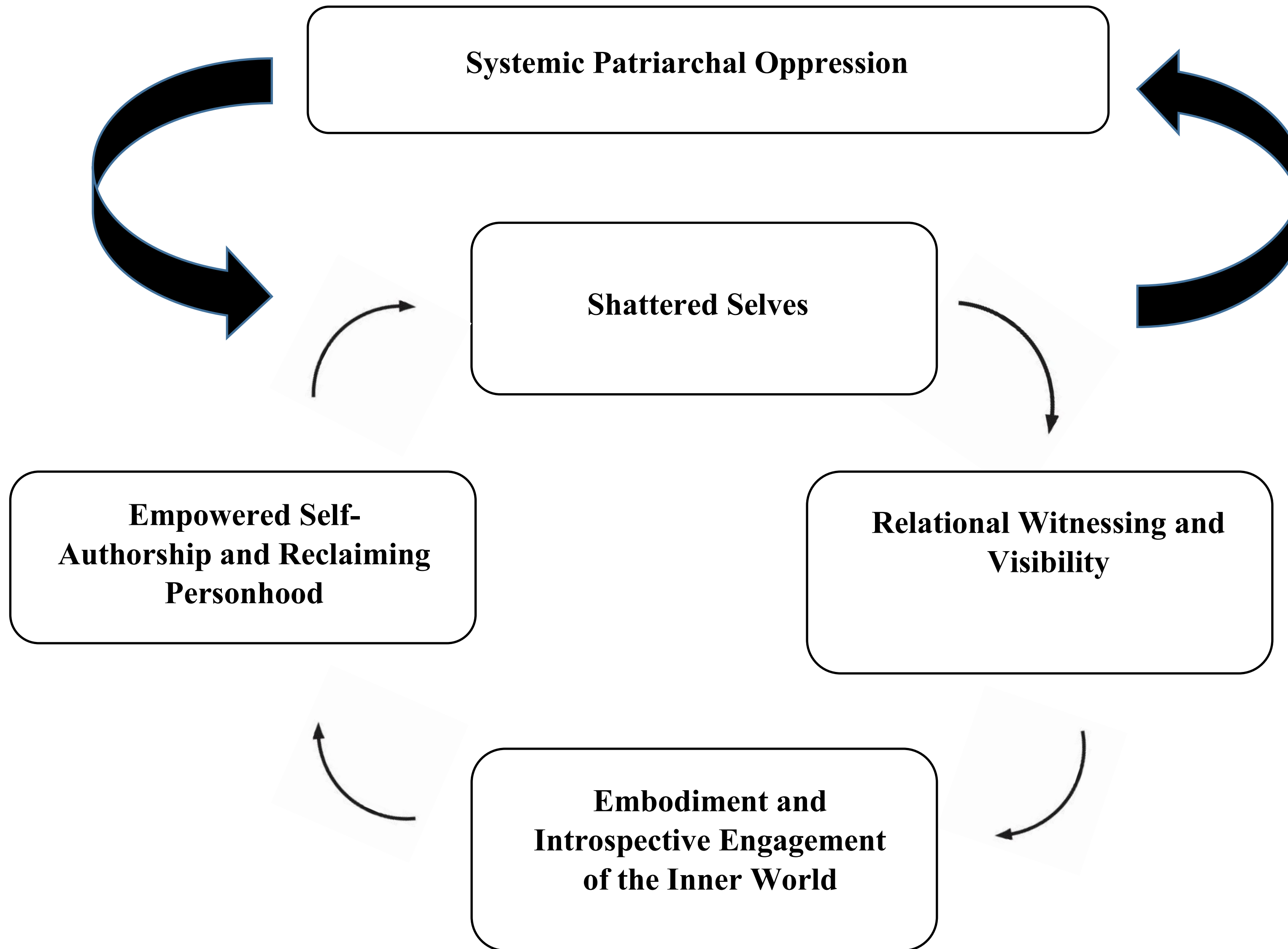
2017; Burt, 2002; Ligiéro et al., 2009; Ovenden, 2012; Reavey & Gough, 2000; Phillip & Daniluk, 2004; Woodiwiss, 2013).

For example, many studies illustrate that even within later stages of healing, women continue to experience ongoing difficulties including: carrying the enduring emotional pain of CSA (Godfrey & Hutchinson, 1996); difficulties with intimate relationships, sexual intimacy, and body image (Hitter et al., 2017; Phillip & Daniluk, 2004; Saha et al., 2011); and persistent struggles with confidence and self-efficacy (Saha et al., 2011). In some cases, women experienced the re-emergence of shame, self-doubt, and self-blame, involving fluctuations in self-perception, which was often influenced by relational and sociocultural contexts (Alejandra, 2017; Ovenden, 2012; Reavey & Gough, 2000). For example, positions of agency and strength were at times destabilised when relational contexts reinforced victim identities (Reavey & Gough, 2000; Ovenden, 2012). Similarly, questioning or doubting abuse-related memories was associated with disruptions to women's biographical narratives, and contributed to instability within women's sense of self (Woodiwiss, 2013). Another study also identified variability in women's experiences following therapy, with some women reporting increased distress, fragmentation, and disconnection from self and others (Burt, 2002). Together, these findings suggest that while processes of empowerment and integration are central to healing, ongoing challenges and vulnerabilities may remain, and may change or fluctuate over time.

Table 6. *Synthesised Key Concepts*

Concepts	Synthesised Key Concepts
Internalised Shame and Self-Blame	**Shattered Selves**
Internal Fragmentation	
Oppressive Patriarchal Gender Norms and Discourses	**Systemic Patriarchal Oppression**
Stigmatised Identities and Self-Protective Silence	
Relational Witnessing and Visibility	**Relational Witnessing and Visibility**
Reconnecting with Disowned Parts	**Embodiment and Introspective Engagement of the Inner World**
Meaning Making	
Embodied Agency	**Empowered Self-Authorship and Reclaiming Personhood**
Restoring Wholeness	

Figure 2. *The Social-Cultural and Psychological Processes of Women Navigating Self-Concept and Identity Following CSA*



Line of Argument Synthesis

A line or argument synthesis represents the integration of findings from individual studies into a coherent whole by offering an overarching conceptual understanding on a given phenomenon (Noblit & Hare, 1998). The individual papers within this synthesis focused on different areas of self-concept and identity enabling a holistic understanding of the complex intrapsychic, social and cultural processes and interactions that occur and impact women's self-concept and identity following CSA. This theoretical framework outlines how internalised shame, self-blame and sense of responsibility contributes to psychological distress and disintegration of ego, and the development of socially acceptable self to disconnect from the pain, and women masking their vulnerability from others leading to **'Shattered Selves'.** The shattered self-concept was maintained by dissociation and disconnection from the self. The hiding of the vulnerable self served as a protective defence mechanism which maintained internal fragmentation and contributed to social isolation.

The model illustrates how **'Systemic Patriarchal Oppression',** i.e. wider systems and gendered social structures of power embedded within cultural norms and institutions contribute to subjugation and harm of women. These structures of power and gender norms contribute to gender-based violence, and are proposed to also be present within pathologising discourses which position women as 'damaged' further perpetuating shame and a stigmatised identity. Harmful gender norms and victim blaming was a significant contributing factor in women's decision not to disclose, due to fear of stigmatised identity or further harm. This kept woman stuck in a vicious cycle of isolation and internal shame, torment, and silence preventing them from healing which is represented within the recursive feedback loop within Figure 2.

To break out of this cycle, a significant turning point for women within the early stages of healing was seeking help, talking openly about sexual abuse and their negative self-view. The process of **'Relational Witnessing and Visibility'**, involved being met with compassionate witnessing of another which enabled true visibility of the hurt and previously hidden self. Interpersonal connection supported challenging of shame-based beliefs, integration and for some released shame through experience of collective identity reducing isolation. Another core feature of the healing process facilitated by interpersonal connection and attunement was an **'Embodiment and Introspective Engagement of the Inner World',** which involved women developing an awareness of defence mechanisms and beginning the process of re-connecting with emotions and disowned parts of the self. This enabled women

to process painful emotions and connect with grief. Following this, was an active process of gaining an understanding of and developing alternative beliefs about the self and meaning about their experience, an important part of this process was attributing responsibility to the perpetrator and understanding sexual violence within a larger societal context. The final stage of healing **'Empowered Self-Authorship and Reclaiming Personhood',** consisted of an active process women begin to reclaim autonomy and self-efficacy, and engage in a process of identity re-construction involving resistance to socially defined identity labels, affirming a return to personhood and post-traumatic growth.

The model is conceptualised as cyclical, reflecting the non-linear nature of the healing process. Across the studies, women were at different stages of healing, with some evidence suggesting that earlier fragmented or shattered self-states may be reactivated following periods of progress or integration. The synthesis indicates that 'empowered self-authorship and reclaiming personhood' does not appear to represent a permanent or fixed stage, but rather a stage within an ongoing process in which individuals may remain vulnerable to the reactivation of earlier shattered self-states. The findings suggest that women may oscillate between 'empowered self-authorship and reclaiming personhood' and more fragmented or shattered self-states over time, often in relation to contextual triggers, including relational experiences and broader sociocultural conditions (e.g., patriarchal discourses), which may contribute to the reactivation of internal processes of shame, self-blame, and self-criticism. Lastly, later stages of healing are not necessarily characterised by the absence of distress, but by the presence of growth alongside ongoing psychological pain. Across the studies, women described continuing difficulties following CSA, including struggles with body image, experiences of grief, pain and loss, and the enduring impact of CSA within intimate relationships. These ongoing challenges may reflect a continued sensitivity and vulnerability to shattered self-states.

Discussion

The aim of the meta-ethnography was to generate a theoretical understanding of the impact of CSA on women's self-concept and identity. The concept of 'shattered selves' illustrates how CSA contributes to psychological distress and internalised shame, resulting in a negative and fragmented self-concept. The concept of 'shattered selves' aligns with conceptualisations of chronic shame of the pervasive view of the self as unlovable or defective,

which results in an individual's self structure being built around the anticipation and avoidance of shame (Dolezal, 2022b). Many of the studies illustrated how internalised shame resulted in internal fragmentation including splitting of memories, emotions and parts of the self to continue functioning within adulthood. The concept of internal fragmentation aligns with psychoanalytic and trauma models conceptions of the role of dissociation within self-fragmentation (DeYoung, 2015; Putnam, 1990). This review identifies the role of internalised shame in contributing to internal fragmentation, which is in line with current empirical research which has provided evidence on the role of shame and self-blame in maintaining dissociation (Alix et al., 2017; 2020; Feiring et al., 2009). Additionally, some articles highlighted how women coped by developing a false self to hide vulnerable and shamed self from further judgement or exposure. These findings suggest women suppress their authentic self and conform to gender norms to prevent stigmatisation (Ullman, 2025).

The concept of 'systemic patriarchal oppression' captures the process of female subjugation and oppression, rape myths and victim blaming and the impact of harmful gendered discourses which are internalised and contributes to a shamed and stigmatised identity. Anticipation of and received harmful responses from others reinforced women's shame and sense of self-blame and contributed to delayed disclosure and self-silencing for many women. The findings are supported by feminist theory which proposes shame and self-blame arise from perceived deviations from gender norms, the influence of purity culture and rape myths compounding shame and self-blame (Moor & Farchi, 2011; Otts, 2025). Furthermore, some studies identified how victim blaming contributes to erasure of perpetrator, and the responsibility of protecting purity and preventing sexual violence is placed on women enhancing self-blame (Choruby-Whiteley & Morrow, 2024; Reavey & Gough, 2000). Additionally, feminist theory views silence as a tool of oppression maintaining male dominance and sexual violence (Howard et al., 2023). These findings are further supported by empirical literature which has found that many women do not disclose due to fear of victim blaming, judgement or being stereotypes as a victim (Guyon et al., 2024; Kennedy & Prock, 2018). Additionally, some studies highlighted the harmful impact of medicalised and therapeutic discourses which perpetuate harmful stereotypes of women. This is further supported by feminist theory, which are critical of medicalised or therapeutic approaches for decontextualising women's distress from social and political causes and locating the problem within women (O'Dell, 2003; Tseris, 2013). The findings suggest that systemic patriarchal

oppression causes and contributes to internalised shame and self-blame maintaining women's psychological distress, and contributing to isolation and self-silencing.

Despite these barriers, many survivors were able to disclose and when met with mutual empathy, validation and a sense of belonging were able to reclaim disowned parts of the self and challenge shame-based beliefs (Saha et al., 2011; Vilencia et al., 2013). The findings are in line with Relational Cultural Theory (RCT) (Jordan, 2003), Shame Resilience Theory (Brown, 2006) and Herman (2015) three stage model of trauma recovery which all suggests that healing occurs through relational safety and connection and is the foundation for alleviation shame and psychological growth. However, this was not the case for all women as some received further shaming responses which perpetuated negative self-concept reinforcing shame and self-blame (Ligerio et al., 2009; Rahm et al., 2006).

The findings of this review also align with Judith Herman's (2015) three stage trauma recovery model; 1) establishing safety 2) remembrance and mourning 3) reconnection. The process of 'relational witnessing and visibility' and 'introspective engagement with the inner world' maps onto stage two of the trauma and recovery model; which includes the re-telling of the trauma narrative, and this story being witnessed by another in a safe therapeutic context (Herman, 2015). Herman (2015) proposes that this stage also requires the active process of connecting with pain of grief and challenging shame and guilt based beliefs. In addition, the results align with narrative identity theory (McAdams, 2001) which describes how trauma can fragment narratives and how construction of meaning can support integration.

Herman (2015) also describes an active process of reconstructing a new self and experiencing post-traumatic growth which was captured within the later stage of healing within this meta-ethnography 'empowered self authorship and reclaiming personhood'. Herman (2002) also posits the importance of re-connecting with a sense of power which was taken during the trauma, and transforming the traumatic experiences into purpose and social action, which was identified within several of the articles (Choudhry-Whiteley & Morrow, 2024; Hitter et al., 2017). In addition, the process of mourning and telling enables the integration of traumatic memories into a coherent life story, and developing an identity beyond trauma.

The findings of the synthesis are in line with healing models of CSA which suggest healing is a non-linear and often continuous process (Draucker et al., 2011; Herman, 2015; Jeong et al., 2019). This synthesis contributes to existing literature by suggesting that women may continue to move between more integrated and more vulnerable self-states over time. This

is in line with structural dissociation theory which suggests that individuals may fluctuate between apparently normal functioning and trauma states (Fisher, 2017). Overall, this supports that understanding that healing is a dynamic and iterative process, possibly involving recurring experiences of fragmentation and integration.

The synthesis suggests that clinicians may need to remain attentive to ongoing vulnerability in individuals who have reached a position of 'empowered self-authorship and reclaiming personhood', as experiences of empowerment and integration may coexist with earlier patterns of distress. This indicates that the development of a more positive and integrated sense of self may not represent a stable endpoint but rather a state that may fluctuate over time.

In practice, it may be helpful for clinicians to attend to subtle shifts in self-perception, particularly where individuals move from positions of agency and self-worth toward more negative or self-critical views of the self, such as feeling weak, damaged, or vulnerable or begin to reattribute responsibility to themselves for the abuse (Alejandra, 2017; Reavey & Gough, 2000; Ovenden, 2012). These shifts may be especially relevant when they occur in response to relational or social contexts (i.e. invalidation or exposure to victim blaming discourses). In some cases, these shifts may also be accompanied by experiences of disconnection from the self or others, or difficulties maintaining a coherent sense of one's experiences, such as questioning or doubting abuse-related memories (Burt, 2002; Woodiwiss et al., 2013). Furthermore, clinicians may therefore benefit from supporting individuals to identify and make sense of the relational and sociocultural situations that may contribute to the re-emergence of shame and self-blame, and to understand how these experiences continue to shape their sense of self over time.

In addition, ongoing challenges commonly described across the studies including; enduring emotional pain related to CSA, difficulties within intimate and sexual relationships, body image concerns, persistent struggles with confidence and self-efficacy (Godfrey & Hutchinson, 1996; Hitter et al., 2017; Phillip & Daniluk, 2004; Saha et al., 2011) may also represent areas of continued vulnerability. It may be important to attend to these residual difficulties within therapeutic interventions, as they may contribute to maintenance of distress and sensitivity to returning to shattered selves states.

Limitations

A limitation of this review is that the search strategy did not include the term "girl" and other related developmental terms, which may have reduced the sensitivity in capturing all the

relevant studies. Although, the review focused specifically on adult women's experiences of CSA, it is possible that some relevant studies were not identified, particularly studies exploring women's retrospective accounts of earlier life stages, or those studies which used indexed terms related to childhood or adolescence. Therefore, future reviews may benefit from the use of broader search terms to enhance the comprehensiveness of the literature search. A further limitation of this review is the lack of detailed demographic information within some studies including women's current age, age at the time of the abuse, details of the perpetrator and attendance and length of time in therapy (Burt, 2002; Godbey & Hutchinson, 1996; Reavey & Gough, 2000). This information is important for contextualising women's experiences, for example variation in age of onset of abuse will have implications for understanding the impact of CSA on self-concept and identity within the context of psycho-social development (Ussher & Dewberry, 1995). Similarly, there may be differential impact on self-concept based on women's relationship with the perpetrator and length of abuse, as research suggests higher trauma related shame for survivors who knew the perpetrator and had repeated and ongoing experience of CSA (Finkelhor & Brown, 1985; Reid, 2018). Overall, the lack of demographic information impacts transferability and the application of findings to similar contexts. In addition, the review may be more representative of women who had accessed therapy, with seven articles clearly documenting that women had previously accessed therapy, although this was unclear within the remaining studies (Choruby-Whiteley & Morrow., 2024; Hodge & Bryant, 2019; Ligiéro et al., 2009; Ovenden, 2012; Reavey & Gough, 2000; Woodiwiss, 2013). Therefore, the review may be missing diverse perspectives, and the experiences of women who are in earlier stages of healing or those who have not attended therapy.

It is also important to note the cross-cultural differences or religious influences on self and identity (Markus & Kitayama, 1991). The review contained some cultural and religious diversity, including women from a Latina and Mexican ethnic origin (Alejandra, 2017; Ligiéro et al., 2009) and religious orientation of the Latter-Day Saints (Choruby-Whiteley & Morrow, 2024). However, women were predominantly White British or European, and therefore the results may be more representative of western Eurocentric conceptualisations of self and healing. Therefore, the results may not be transferable to other religious or cultural contexts which have interdependent self-concept or emphasise community and spiritual practices as the foundations for healing (Chouliara & Narang, 2017).

The systematic review was completed by a sole researcher, and therefore it is important to be transparent about how this may have shaped interpretations within this review (France et

al., 2019). The current review was conducted by a young, White British, female, and clinical psychologist in training. Therefore, clinical practice experience of working with survivors of CSA primarily within a trauma framework may have influenced interpretations, in addition to academic training which holds a critical ethos for understanding and challenging oppressive systems alongside the researcher's feminist views. The review may have been improved with an additional reviewer but this was not possible due to the limits of a doctoral thesis.

Rationale for the current study

A review of literature on the impact of CSA on self-concept and identity provides an overview of the psycho-social influences on women self-concept and identity highlights a variety of avenues for future research. Specifically, the review identifies the centrality of shame within the development of negative self-concept, the post-sequelae of CSA and alleviation of shame within processes of healing. However, whilst the current empirical literature frequently identifies shame as a common feature of women's experiences, there is currently only one qualitative peer review article with a direct research question in this area (Rahm et al., 2006). The lack of direct qualitative research highlights an important gap within the literature. Therefore, the present study seeks to address this gap to develop an understanding how shame emerges, is negotiated, overcome and expressed within women's narratives. In addition, emerging adulthood is an under researched population within CSA qualitative literature (Alaggia et al., 2019; McElvaney et al., 2022). Further research within this area is important as emerging adulthood is a critical period of psycho-social development and is a developmental risk period (Gilmore & Meersand, 2023). This is evidenced by some research which indicates young adult female CSA survivors continue to struggle with self-blame, PTSD symptoms and experience difficulties within intimate relationships which is mediated by shame (Feiring et al., 2009; Feiring & Taska, 2005). Further research is therefore needed is understand the presence and influence of shame on women's lives within emerging adulthood.

Aims and Objectives

Therefore, this thesis aims to develop an understanding of shame, and how it is navigated across the life course of young adult women aged 18-30 years old who have been subject to a USE in childhood or adolescence. An additional aim is to understand how shame may influence the way women construct their narratives and how it may influence the way a story is told. The findings of this research may provide clinical implications on how to address shame within clinical practice and support professionals to tailor clinical interventions to women survivors within early adulthood. This study will adopt a psycho-social theoretical

framework; to consider the intrapsychic but also the influence of social, cultural and political context as gender-based violence and inequality remains a problem at both structural and interpersonal levels. With the hope of providing recommendations for shame-sensitive practice for services and organisations and guidance for practitioners on psychological interventions. Lastly, ensuring the inclusion of female survivor's testimonies within research, contributes to the continued dismantling of current structures that have maintained systemic oppression, stigma and shaming of women.

Research Questions

1) How does shame feature within the stories of young adult women who have had an unwanted sexual experience in childhood and adolescence?

2) What do women describe as turning points or experiences that have been helpful for reducing shame?

3) How do young adult women tell their stories of unwanted sexual experiences and how does shame influence the way a story is told?

Method

Chapter Summary

This chapter begins by outlining the rationale for adopting a realist ontology, a constructivist epistemology, and a narrative psycho-social methodology utilising the biographical narrative interpretative method (BNIM) of interviewing. Following this, ethical considerations are discussed in relation to incorporating trauma-informed and shame sensitive principles (Dolezal, 2022a; Dolezal & Gibson, 2022). The details of the research design are outlined, including sampling, recruitment, the research procedure and critical reflexivity. Next, an overview is provided of the narrative analysis methods utilised and the steps undertaken to achieve quality and rigour are summarised (Andrews, 2021; Reissman, 2008).

Ontology and Epistemology

Realist Ontology

Ontology and epistemology are two areas of philosophy which are the underlying principles that guide social science research (Bahari, 2010). A researcher's philosophical stance influences all stages of the research design and a clear alignment within the research paradigm is important for the integrity and credibility of the research (Braken, 2010; Jackson, 2013;

Willig, 2012;). Ontology is concerned with the nature of reality, what is said to 'exist' and is considered 'real' (Al-Saadi, 2014). Ontological positions exist on a spectrum of assumptions and include realism, critical realism and relativism (Moon & Blackman, 2014). Realism assumes there are universal laws and social 'truths', and assumes a single version of reality independent from human interpretation (Jonassen, 1991). Relativism assumes reality is socially constructed and there are multiple versions of reality, as human interpretation is situated within culture and time, and this differs between individuals (Al-Ababneh, 2020; Moon & Blackman, 2014). Critical realism is based on ontological realism, subjective epistemology and judgemental rationality (Pilgrim, 2022). Critical realism assumes there is an external reality independent of human mind, which cannot be directly accessed but is constructed via language and based on subjective interpretation (Bhaskar, 2016). The principle of judgemental rationality acknowledges that human knowledge is fallible, but claims can be made on the basis of appraising competing explanations of reality (Pilgrim, 2022).

A realist ontological position was chosen as it recognises CSA and the underlying causal and maintaining mechanisms (i.e. patriarchal social structures) as an objective reality. This stance also reflects an ethical position of belief and recognition of harm given the historical denial, discrediting and silencing of women's stories (Whittier, 2016). Additionally, a realist ontology assumes the existence of psychological mechanisms (conscious and unconscious) (Willig, 2012), and the material harm of CSA related shame on women's health and social realities. Relativism may have been suitable due to the emphasis on understanding women's constructions of CSA and shame, influenced by gender norms, socio-cultural differences and power structures. However, this stance has been criticised for potentially implying that CSA is a "socially constructed expression of moral outrage" (Pilgrim, 2017, p. 267), and that constructions of CSA are culturally bound rather than a universal harm (Akpan & Bassey, 2020).

Constructivist Epistemology

Epistemology is concerned with the nature and limits of knowledge production and includes what constitutes knowledge, how knowledge is acquired and what is considered a truth claim (Audi, 2010). Epistemological positions exist on a continuum ranging from objectivism to subjectivism (Moon & Blackman, 2014). Objectivism assumes that there is an external reality that exists independently of the human mind (Moon & Blackman, 2014). Objectivism aligns with a positivist paradigm, which posits that objective truths are discovered through empirical measurement, and aims to generate knowledge by establishing causal links

between variables (Jonassen, 1991; Park et al., 2020). A constructivist epistemology assumes that there is no reality separate from human interpretation, and that knowledge is constructed within the human mind (Sullivan & Forrester, 2018). There are two different types of constructivism; constructivism is based on the assumption that reality is created through internal psychological processes (Amineh & Asl, 2015). Whereas, social constructionism assumes reality is socially constructed through culture, language and history (Alanazi, 2016). Constructivism aligns with subjectivism which understands social reality as based on human's construction of knowledge which is situated within historical and socio-cultural context (Al-Ababneh, 2020).

A constructivism epistemology was chosen as it recognises the role of cognitive structures (conscious and unconscious) on individual's meaning making whilst considering the influence of the socio-cultural context. This aligns with conceptualisation of shame as an embodied emotion which influences the self-structure and is elicited and shaped by social relationships, cultural norms and gendered power structures. Additionally, this stance supports the exploration of how women interpret, construct and articulate shame within narratives of USE and how this may be shaped by unconscious processes. Further, it recognises individual differences and acknowledges how interacting social identities (race, culture, sexuality, socioeconomic status, gender, age) contribute to women's experiences of USE, shame, and oppression.

The integration of realist ontology and a constructivist epistemology provide a framework for understanding women's narratives as representing both real events, indicative of underlying causal mechanisms (i.e. patriarchy, structural oppression, gender norms, and psychological mechanisms) and an understanding that women's narratives and interpretations are shaped by cognitive structures that are influenced by historical and social cultural context.

Qualitative Methodology

Quantitative research in social sciences is concerned with identifying facts about the social world through the measurement of variables, the collection of numerical data and drawing conclusions from statistical models (Mohajan, 2020). Qualitative research seeks to understand the participant's subjective experience and how they interpret their personal and social worlds (Mohajan, 2018). Both methodological approaches have been utilised for understanding shame and CSA, but there is a dearth of qualitative literature on shame and CSA (MacGinley et al., 2019).

Quantitative research has identified shame as a predictor and a meditator of psychological outcomes following CSA including symptoms of PTSD (Feiring et al., 2002; Feiring & Taska, 2005), self-blame, dissociation and avoidance coping, (Alix et al., 2017; Feiring et al., 2009), suicidal ideation (Alix et al., 2020; Kealy et al., 2017) and low self-esteem (Feiring et al., 1998). Researchers argue that psychological constructs such as PTSD are not sufficient to understand the complexity of subjective experiences of CSA and traumatic shame, and more research is needed to understand social and cultural influences of shame (Lateef et al., 2025; Leeming & Boyle, 2004; MacGinley et al., 2019). Additionally, quantitative psychometric shame scales predominantly focus on identifying conscious state shame or trait shame but may be unable to capture implicit nature of unconscious shame (Tangney et al., 1996). A recent scoping review identified the need for an inductive approach to further understand survivors lived experience of shame, particularly within specific population groups and how this relates to experiences of oppression and marginalisation (MacGinley et al., 2019 p. 1144).

Therefore, a qualitative methodology was adopted to addresses a significant gap within the literature and enables an exploration of women's subjective interpretations and unconscious processes related to shame situated within socio-cultural context and women's social identities (i.e. gender, race, age, and ethnicity). Additionally, a qualitative methodology would deem most suitable for understanding how shame is present within and influences the construction of narratives.

Narrative Inquiry (Biographical Narrative Interpretative Method)

Narrative inquiry proposes that humans are natural storytellers and use stories to understand themselves and their social world (Polkinghorne, 1988; Reissman, 1993; Spector-Mersel & Knaifel, 2018). The definition of a narrative is debated within the field, however one proposed definition is "a speaker connects events in a sequence that is consequential for later action and for the meanings the speaker wants the listener to take away from the story" (Reissman, 2008 p. 13). Narratives have key components including; a clear structure, a temporal sequence of events (past, present, and future), a plot, characters, and setting (Reissman, 2008). Narrative methods can focus on 'big' or 'small' stories, and biographical methods are an example of a 'big story' within narrative research (Reissman, 2008).

Biographical life history methods focus on an individual's reconstruction of their lives (Rosenthal, 1993). Scholars propose that human's use narratives to actively construct their

identity and understand their lives by making connections between past, present and future (McAdams, 2013; Ricoeur, 1986). Biographical research emphasises attenuation to participant's gestalt which relates to the temporal and thematic organisation of events into a unified whole (Rosenthal, 1993). However, when an individual experiences a traumatic event (i.e. illness, bereavement or significant trauma) this can result in 'narrative wreckage', which is a shattering of self-narratives which can fracture narrative coherence (Bruner, 1990; Crossley, 2000; Frank, 1995). Research has found that early shame experiences operate similarly to trauma memories, and can become central reference points for all events, leading to a shame based identity within adulthood (Matos & Pinto-Gouveia, 2010; Matos et al., 2020; Pinto-Gouveia & Matos, M, 2011). Following traumatic or life altering events, narratives can serve a reparation function and are important for re-constructing meaning and a positive self-identity (Bruner, 1990; Herman, 2011; White & Epson, 1990). McAdams (2013) proposes that emerging adulthood is a crucial developmental period as individuals begin to integrate past and present experiences into identity which creates a template and guides future actions (McAdams, 2013). However, historically the stories of survivors of CSA have often untellable or untold due to collective silencing and the fragmenting impact of trauma on narratives (Plummer, 2002).

The Biographical Narrative Interpretative Method (BNIM) (Wengraf, 2004) was selected to explore shame within young women's narratives for several reasons including; integration of psycho-social theoretical framework, attention to both conscious and unconscious processes in narrative content and form, and facilitating the exploration of shame across women's life course. BNIM attends to a person's life story (biography), how they tell their story (narrative), and how interpretations are based on psycho-social subjectivity of both the participant and the researcher (interpretative) (Corbally & O'Neill, 2014). The method aligns with a constructivist epistemology, which emphasises focus on subjectivity and exploring the "depth, meaning and uniqueness" within narratives (Crossley, 2000 p. 4) which aligns with biographical narrative research (Bogner & Rosenthal, 2023). Therefore, the BNIM was chosen as it adopts a flexible psycho-social framework, and involves "examination of both the individual's unique biography and personal significance, as well as broader socio-cultural processes and historical contexts" (Noman et al., 2025, p. 4) viewing the psycho-social as intertwined and mutually influencing forces (Kutsyuruba & Mendes, 2023). Therefore, the method was utilised to facilitate a contextualised in-depth exploration of shame, with attention to participant's subjectivity, unconscious processes, and the broader historical and social

context, such as how women's stories align with or resist dominant cultural narratives (i.e. gender norms, rape myths, victim blaming).

BNIM also assumes that "narratives are expressive of both the conscious concerns of interviewees, and of unconscious personal and socio-cultural assumptions and processes" (Roseneil, 2012, p. 130), this method facilitates the exploration of latent meaning shaped by conscious and unconscious processes (Wengraf, 2004). Therefore, this data collection method would support the exploration of the influence of (conscious and unconscious) shame on narrative content and structure, and how this interacts with the socio-cultural context in which women have been historically silenced and shamed women (Whittier, 2016). Additionally, this methodology was chosen are it is a participant led methodology and is proposed to have ethical advantages of a creating platform for marginalised groups to share stories (Mooney, 2020).

Study Design

Participants

Sample Size

There are no clear guidelines for determining sample size within qualitative research, however sample size is based on the epistemological stance, methodological approach and practical constraints (Mocănașu, 2020; Vasileiou et al., 2018). A small sample size is usually recommended for narrative inquiry due to the focus on depth over breath of experience (Creswell & Poth, 2016). Sample sizes for BNIM within CSA research ranges from four to thirty participants (Krayer et al., 2015; Saha et al., 2011). A sample size of eight women was deemed suitable to answer the research question due to aim of facilitating in-depth understanding of individual's lives, extensive analysis on personal, socio-cultural and linguistic features of shame, and the use of multiple interviews required to build trust and rapport which is essential for sensitive topics such as CSA (Elmir et al., 2011).

Sampling Strategy

The strategy utilised for recruiting participants was a combination of purposive and convenience sampling. Purposive sampling is commonly utilised within narrative methods and involves the selection of 'information rich' cases on the basis of key characteristics or experience of the phenomena under study (Patton, 2014). Therefore, a subgroup of women was selected who self-defined as having a USE in childhood or adolescence in early adulthood (18-30 years). Whereas, convenience sampling strategy involves selecting participants who are easily accessible, willing to participate and meet the inclusion criteria (Lopez & Whitehead,

2013). Convenience sampling was used to access participants through accessible routes including university populations and recruitment via social media.

Inclusion and Exclusion Criteria

Participants were included within the study if they met the following inclusion criteria which included self-defined as having an unwanted sexual experience (USE) within childhood or adolescence. Participants did not have to provide confirmation or evidence. Additional inclusion criteria applied including assigned female at birth and fell within the age range of early adulthood (18-30 years old). Participants were excluded from the study if they were over the age of thirty, or were any gender other than female. The research project was also unable to recruit participants if they were non-English speaking due to the cost of translation services. Participants were not invited to take part in the study if they did not meet the inclusion criteria.

Procedures

Phases of Recruitment

Participant recruitment began once ethical approval had been granted from the University of Essex. Recruitment occurred via three recruitment streams. This included circulating the research and a flyer to various organisations, societies and stakeholders at a local university, social media platforms, and a survivor's network called Survivors Voices (see Appendix B).

1.1 University (Gatekeeper and Formal Networks)

Within the initial stages of recruitment, the main focus was on recruiting women (staff and students) aged 18-25 years from a local university. The researcher built a relationship with a gatekeeper at the feminist society who had shown interest in the research and agreed to distribute the flyer to their local networks and on their university page. However, no participants were recruited via this recruitment stream, and the stakeholder was no longer able to support with recruitment after their initial involvement.

Following this, an ethics amendment was submitted to expand the inclusion criteria to recruit participants aged 18-30 years old and women who had a USE before the age of twenty. The inclusion criteria were expanded for several reasons, expanding the age range to 18-30 years to reflect the full spectrum of emerging adulthood. In addition, two women contacted the researcher who were eighteen years old when they had a USE. Therefore, the decision was made to expand the inclusion criteria to include USE that occurs before the age of twenty. In addition, the researcher included additional recruitment streams such as social media and

survivor's voices, further expanding the possibilities for diversity within the sample, by targeting different populations and having no restriction on the basis of location (see Appendix A).

Following this, the researcher also reached out to various networks and organisations within the university. Several networks agreed to circulate the study via their internal messaging system. During this phase of recruitment, seven participants contacted the researcher to show interest in the study, and were sent a participant information sheet (PIS). However, only two participants responded and were recruited via this recruitment stream.

1.2 Social Media

A flyer was advertised on social media platforms (Facebook, Instagram, Twitter and Linked In), which was advertised on the researcher's own social media, and shared by friends, colleagues and academics. Seven participants contacted the researcher via the researcher's university email address. Six participants were recruited via this recruitment stream, and one participant did not respond following showing initial interest.

1.3 Survivor's Voices

Survivor's voices is a survivor's network and organisation, which developed a 'linking service' which provides guidance to researchers, and support with recruitment for projects involving sexual violence. The research was advertised on the Survivor's Voices Researchers Community (SVRC) monthly newsletter. One participant contacted the researcher, but did not meet the inclusion criteria due to falling outside of the emerging adulthood age range, and therefore was not included within the study.

Recruitment Procedure

Once participants made contact with the researcher via email and expressed interest in taking part in the study, a participant information sheet (PIS) (Appendix D) was sent to their email address. Once participants had read the PIS and confirmed their interest, the researcher arranged an initial telephone or video conversation based on participant's preferences. The purpose of this conversation was to provide a detailed overview of research and to explore current psychological wellbeing (Appendix A). Following this, an initial interview was arranged, which took place either online (via Zoom or Microsoft Teams), or a tutorial room at the University of Essex. Prior to the first interview participants were sent a consent form (Appendix D) and provided written consent. Prior to the start of the interview, participants

were reminded of confidentiality and any limits to confidentiality, and initial demographic information was collected from participants. Following the completion of their first interview, participants received a £20 Amazon voucher for their participation within the research.

Materials

Demographic Questionnaire

A demographic questionnaire was completed with all participants to gather information on their current age, circumstances of the USE (onset, duration and perpetuator), and whether participants have previously disclosed or accessed therapeutic support (Appendix A).

Interview Schedule and Distress Protocol

A semi-structured interview was developed for sub-section three of BNIM interview and questions were based on literature on shame, CSA and emerging adulthood (i.e. disclosure, self-concept, social relationships, significant life events, processes of healing) (see Appendix G) (Arnett, 2000; MacGinley et al., 2019). The interview schedule was revised following consultation with research supervisor and a survivor researcher based on their experience of conducting interviews with survivors of CSA. A separate meeting was held with survivor researcher to reflect on the interview schedule and process of conducting interviews. The conversation included recommendations of how to create a research context which enabled women to feel more comfortable facilitating a long narration and discussing sensitive topics such as shame. Additionally, we reflected on the possible impact of silence or minimal engagement on survivors. Following this conversation, it felt important to take a slightly more active presence within the interview such as reflecting back words, engaging with small comments and displaying empathetic facial expressions. Additionally, the survivor researcher provided guidance on the development of the distress protocol (see Appendix I).

Data Collection

The biographical narrative interpretative method (BNIM) was utilised for data collection and consists of two or three sub-sections (Wengraf, 2020). The interviewing method facilitates the generation of a person's whole life story or a specific time period within their life (Wengraf, 2004). Within the first sub-section the researcher asks a 'single question aimed at inducing narrative' known as a 'SQUIN' (Wengraf, 2008). An open SQUIN was utilised to facilitate a biographical narrative and allow for participants to choose which aspects of their life experiences they felt were important to share within the context of the USE (Wengraf, 2004).

The below SQUIN prompt was utilised within the interviews:

"As you know, I'm researching young adult women's experience of shame following unwanted sexual experiences. Please can you tell me the story [of your life as a survivor of an unwanted sexual experience], all the events and experiences that have been important to you personally; you can start wherever you like, I may take some notes just in case I have any questions after you have finished telling me your story."

The aim of the SQUIN is to facilitate a long narration that is uninterrupted by the researcher and the role of the researcher is to listen to participant's story (Wengraf, 2020). During this phase, the researcher adopts a 'listening posture' (i.e. eye contact and non-verbal sounds) and can utilise statements that mirrors the emotions of participants acknowledging the emotive aspects of the story (Wengraf, 2004). The method is based on the principle that each individual has a gestalt of their narrative and that participant's configuration of life events and meaning-making can provide important insights (Holloway & Jefferson, 2012). Therefore, it is important for participants to tell their story based on their 'own system of relevancy' with minimal interjections from the interviewer to ensure the gestalt remains 'intact' (Rosenthal, 1990; Wengraf, 2004, p. 6). Additionally, unstructured storytelling and minimal interruption operates on a similar premise to the 'free association method' (Wengraf, 2018). The methodology was adapted to suit the sensitive nature of the topic and rather than a purely neutral or detached position, whilst still being participant-led and reducing interjections, the researcher offered a supportive stance which included offering empathy and supportive statements and not facilitating long silences which may evoke anxiety or shame (Holloway & Jefferson, 2012, Stoll et al., 2025).

During participant's account 'cue phrases' are selected on the basis of perceived emotional significance of the participant and research topic (Wengraf, 2004). These 'cue phrases' are used to form the narrative questions asked within sub-section 2. After sub-section 1 there is often a brief interlude to allow for the researcher to prepare questions for sub-section 2. In this instance, the researcher did not have an interlude due to having shorter interviews and to not interrupt the flow of the narrative.

The purpose of the questions within sub-section 2 is to generate Particular Incident Narratives (PINs) about specific events that arose within the broader narrative. Wengraf (2020) proposed that encouraging participants to expand on parts of their stories may reveal implicit assumptions or beliefs (Wengraf, 2019). Questions within sub section 2 typically follow the

format of “You said 'XXXXX' - can you tell me more about how all that happened?” (Wengraf, 2006), and are focused on a “"Situation, Happening, Event, Incident, Occasion/Occurrence, and Time”. The cue phrases can also include “Thought, Feeling, and Images”, however it is suggested that this can lead to non-narrative responses and focusing on general internal states (Wengraf, 2004). Additionally, during this phase questions are asked within the same order as they were told to maintain the participants overall gestalt (Wengraf, 2018). Following this, the researcher is encouraged to ‘push for PINs’ to elicit further PIN, but due to the sensitive narrative of the research the researcher decided not to ‘push for PINs’ to ensure participants did not feel pressured and to reduce the risk of psychological distress (Moran et al., 2022; Tunc & Yaylacı, 2025). Examples of some of the questions utilised within sub-section 2 are included within Appendix I. Following the interview, the researcher engages in a period of free associative writing and debriefing reflecting on their feelings, the content and process of the interview. This occurred within reflexive journaling (see Appendix J) and research supervision.

Sub-section 3 occurred a week after the initial interview to enable the researcher to make notes on the initial interview and generate any additional questions. The second interview followed a semi-structured interview format which included a space to initially reflect on the first interview and moved onto questions related to the research questions which is shown in Appendix G. Participants initial SQUIN’s ranged from ten to forty minutes, and the average interview length for the first interview was fifty minutes, the second interview was on average sixty one minutes, with total lengths of interviews combined averaging at 90 minutes to 120 minutes.

Data Analysis

BNIM analysis is an extensive process and requires a panel of multiple analysts (Wengraf, 2011), this was beyond the scope of this research. However, BNIM can be combined with other types of data analysis (Corbally & O’Neill, 2014). Narrative analysis was chosen as it based on the same epistemological stance and been employed by other studies using this method (Krayer et al., 2015; Saha et al., 2011). Narrative analysis views the story as the unit of analysis and a can focus on the content of stories and “what” people say, or the structure of the story and “how” it is told (Esin, 2011; Reissman, 2008). A combination of personal and structural analysis was utilised to analyse the presence, transformation and linguistic features of shame within women’s narratives. Fraser (2004) personal narrative analysis was chosen as it supports an exploration of shame across intrapersonal, interpersonal, cultural, structural and political domains (Fraser, 2004; Fraser & MacDougall, 2017). In addition, limited segments of

women's stories were re-transcribed using Poindexter (2003) which is an adaptation of Gee's structural narrative analysis (Gee, 1991), to explore how shame features within structural elements of women's stories, which is a narrative analysis method that has been previously been combined (Greally, 2023) This method was chosen due to the focus on rhythmic elements of speech and prosody which may be more adept at capturing shame than Labov (1972) structural analysis.

Phase One: Hearing the Stories and Experiencing Each Other's Emotions

Feminist scholars view emotions as important sources of "embodied knowledge" (Fraser & MacDougall, 2017 p. 6), and attenuation to emotionality within interviews is encouraged to avoid 'over intellectualising' experiences (Fraser, 2004; Campbell & Wasco, 2000). Therefore, the researcher was sensitively attuned to their own and participants emotional states, for ethical purposes but also understood emotions as signals for curiosity (Holloway & Jefferson, 2012). The researcher was attuned to moments of catharsis, pride, shame or a lack of affect, and affective and linguistic congruence and incongruence. For example, when women used humour for some women this was reflective of self-blame and self-deprecation and for others a defence against avoid acknowledging pain of their experiences. Emotional salience of events, was also considered within repetition or avoidance topics, for example avoidance of talking about sexual intimacy, could signify shame or the most difficult aspects of women's stories.

Phase Two: Transcribing the material

All interviews were transcribed verbatim by the researcher which supported further immersion into participant's stories, and attenuation to linguistic subtitles. The author paid extensive detail to paralinguistic features of women's narratives, to support further analysis of structural aspects of stories and capture the non-verbal dimensions of shame, this included; pauses, silences, repetitions, emotional tone, filler words, changes in prosody, such as emphasised words, pitch, intonation, volume and rate of speech. The author followed Jefferson transcription symbols as a guide to transcribe some verbal elements of speech (Appendix B).

Phase Three: Interpreting individual transcripts

The researcher was further immersed into the data through multiple re-readings of individual transcripts, paying attention to chronology and development progression of stories across women's lifespan (Appendix L). Subsequently, the researcher identified smaller stories

within biographical narrative paying attention to "entrance and exit talk" and event, experience, habitual and hypothetical narratives (Reissman, 2008), whilst identifying plots, characters, and descriptions of events and associated evaluations. Each story was given a summary title (e.g. disclosing to family, moving house, meeting new partner). The researcher moved between identifying discrete stories, and understanding participant's story as a whole, paying attention to narrative progression, turning points and closure.

During this phase within the analysis, the researcher also made notes of narrative structure and linguistic features of stories, including orientation, metaphors, repetitions, filler words, pronouns, volume, pace and rate of speech to support identification of key segments for re-transcription using Poindexter (2003) and Reissman (2008) adaptation of Gee's method of structural narrative analysis (Gee, 1991; Poindexter, 2003; Reissman, 2008). Once personal narrative analysis was complete, the researcher returned to identifying specific story segments in some areas of the transcripts, which displayed emotionality, or the presence of explicit or implicit shame and re-transcribed aspects of the data to explore speech emphasis, meaning, identity construction and how these related to dominant narratives and discourses and identified structural typologies of shame.

Phase Four: Scanning across different domains of experience

This was not a distinct phase, and co-occurred alongside interpreting individual transcripts. The analysis focused on looking across different domains of the experience including intrapersonal, interpersonal, cultural and structural elements of the narrative, these were not examined in isolation but interlinking domains of experience. The intrapersonal aspects of the story refer to thoughts, emotions and behaviours. Here the researcher drew on narrative identity theory, and women's construction of the past, present and future self, and how this related to shame and identity (Zahavi, 2014). Interpersonal elements of participant's stories included direct reference to interactions with others, often signified by 'reported speech' (Fraser, 2004), how shame was constructed, reinforced and alleviated within social interactions, and the impact this had on identity. Cultural aspects of women's stories included reference to example gendered norms of femininity and masculinity, purity culture and victim blaming. The structural elements of stories refer to the presence of wider institutions and systems within society (educational, health and legal institutions). Within the last two phases, shame was understood as constructed within relational settings, and as a systemic tool of oppression.

Phase Five: Linking the personal with the 'political'

Feminist researchers have brought attention to linking the personal with the political, and understanding how narratives of individual experience may reflect wider systemic inequalities (Fraser & McDougall, 2017). Narrative researchers suggest that power may be represented within women's stories within plots (Fraser & McDougall, 2017). Attention was paid to women lived experience of intersecting identities, of culture, race, gender, and age and acceptance and resistance to dominant discourses and gender stereotypes and norms.

Phase Six: Looking for commonalities and differences across participants

During this phase within the analysis, the researcher looked for commonalities and differences across participant's stories, comparing the "content, style and tone of respective speakers" (Fraser, 2004, p. 194). Similarities and differences were identified through the comparison of the larger story progressions and comparing smaller stories with similar plots and themes. In addition, structural elements of women's stories were compared and contrasted to identify similarities and differences within the way women told their stories.

Phase Seven: Writing Academic Narratives

Narrative research acknowledges the role of the researcher in the co-construction of narratives and therefore it is important to be transparent about the process of story selection and provide a rationale for why particular narratives are chosen (Fraser, 2004). Women's stories were selected on the basis of the level of richness or detail, or were representativeness of a particular theme across the sample or contained novel or contrasting insights.

Identifying Shame in Personal Narratives

Identifying shame is an interpretative process, as it is rarely directly articulated and can manifest within structural and paralinguistic features of a narrative, or may be concealed or defended against and present as other emotions (i.e. anxiety, anger, sadness) or other descriptors are assigned to phenomenological experience of shame such as embarrassment, self-blame, low self-esteem or self-worth (Kleres, 2011; Lewis, 1971; Morrison, 1999; Nathanson, 1994). Therefore, it was important to attend to both explicit and implicit expressions of shame within narratives (McElvaney et al., 2022). Kleres (2011) suggested looking for emotionality within narratives, elements of a narrative (i.e. gestalt, events, thoughts and feelings) which constitutes an emotion experience. Additionally, the literature on linguistic shame, trauma and gender was utilised to identify shame (i.e. self-concept, identity, positioning

of self in relation to other and shame defences) (DeYoung, 2015; Lewis, 1971; Morrison, 1999; Rahm et al., 2006; Retzinger, 1995).

Ethical Considerations

The University of Essex Ethics Sub Committee 2 granted ethical approval for this research study on 10th May 2023 (Application number: ETH2223-1138), and further amendments were accepted on (Application number: ETH2223-1786) on 11th October 2023 (see Appendix A). An additional ethics amendment was approved on (Application number: ETH2425-1839) to reflect an extension of the time frame for completion of this thesis.

Informed Consent

Participants were provided with a participant information sheet (Appendix C). In addition, the researcher had a further conversation with participants via telephone to provide a further detail and offer participants the opportunity to ask additional questions. These processes occurred to ensure participants could make an informed decision about participation. Prior to the first interview participants were sent a consent form (Appendix D) and provided written consent. At the start of each interview, the researcher gained verbal consent to audio record the interview. Participants were also reminded of their right to withdraw their data, up to the point of where the merging of data within the analysis may make it difficult to separate participant's data. When both interviews had been completed the researcher checked with participants whether they consented for their data to be included within the research and wider dissemination.

Confidentiality and Anonymity

Participant's confidentiality and anonymity was maintained at each stage of the research process. Interviews took place via the videoconferencing software (Zoom), or face to face depending on preference. In either circumstance, the researcher ensured interviews took place in a confidential space. All interviews were recorded on an encrypted Dictaphone, and deleted once transferred to password protected laptop and stored on the researcher's personal university drive. All interviews were transcribed by the researcher, and any personally identifiable information was removed from transcripts. Participant's identity was protected through the allocation of pseudonyms. Only the researcher had access to anonymised transcripts, elements of the transcripts were shared with the researcher's supervisor to facilitate discussions about data analysis. Participants were informed that direct quotes would be included within result report and disseminated within the public domain. Participants provided

verbal and written consent for their first name, and email address to be shared with the finances department at the University of Essex to receive receipt of their Amazon voucher.

Risk of Psychological Harm

A central component of narrative research which reduces shame is treating participant with dignity and supporting marginalised groups to share their stories (Clandinin et al., 2018; Salter & Hall, 2022;). The BNIM data collection method is a participant led method of interviewing which has been described as empowering processes for participants as the structure enables participants to control what they share and the depth of sharing (Mooney, 2020). However, given the sensitive nature of the topic there was a possibility participants may talk about upsetting events and experiences. Therefore, it was important to take appropriate measures to reduce the risk or re-traumatisation or psychological harm by adopting a trauma-informed and shame sensitive research paradigm (Dolezal & Gibson, 2022; Quadara & Hunter, 2016). Trauma-informed principles were incorporated into all stages of the research designs including the risk assessment and distress protocol (Appendix G) to ensure women felt safe sharing their stories.

The measures taken to embed trauma-informed principles included; participant's being offered a choice to receive the interview schedule in advance, informing participants they could decline to answer questions and they did not have to share specific details of USE. Additionally, women were told they could take a break or withdrawal their participation at any time. Within research interviews, the researcher remained attuned to participants through empathetic listening and witnessing, offering non-verbal reassurance through nods, encouraging statements and checked on participant's wellbeing when they had concluded their response to the initial SQUIN and throughout the interviews. A range of helplines and support services were included within the participant information sheet (Appendix C), and women were reminded of these organisations at each interview. Opportunity to debrief was provided at the end of each interview, and a space for reflection was incorporated at the start of the second interview. The researcher was also a trainee clinical psychologist trained in the assessment of mental state and risk and was therefore sensitive to any signs of distress throughout the interviews. No women displayed any signs of distress within the interviews.

When undertaking sensitive research, it is important for researcher to attend to their own wellbeing, due to possible risk of vicarious trauma (Smith et al., 2023). The researcher utilised supervision and a peer-led sexual violence research supervision group to reflect on

emotional impact of interviews, and engaged in practices related to self-care, such as mindfulness ensuring breaks between interviews and during the analysis phase.

Safeguarding

During the initial telephone meeting and at the start of the first interview, the limits of confidentiality was discussed with each participant. Participants were informed that if any safeguarding concerns arose regarding risk to themselves or others that statutory services could be informed. This conversation included whether participants had previously disclosed USE. This was not an exclusion criterion but it enabled the researcher to assess their safeguarding responsibilities and risk. This included gaining an understanding of whether the participant or another person was at current risk of harm. Researchers are legally obliged to report disclosure of CSA, when the person disclosing or another is at risk of harm and when it is in the interest of public safety. However, researchers do not have to disclose when individual is reporting circumstances of historical abuse (Silverio, et al., 2021). In the first instance, any issues related to safeguarding or risk would be discussed with the researcher's supervisor.

Quality Assessment

Narrative scholars suggest that the validity or 'trustworthiness' of narrative research only be accessed within the context of the researcher's ontological and epistemological position (Earthy & Cronin, 2008; Reissman, 2008). A reality ontology and constructivist epistemology was adopted to represent an ethical stance and recognition the causes and material harm of USE but also acknowledges that knowledge is partial, situated within historical socio-cultural context and co-produced with the researcher (Andrews, 2021). Therefore, this project does not aim to claim universal truths about shame and USE or generalisability, but aims to establish 'situated truths' through exploring depth and diversity of women's experiences as situated within the socio-cultural context, and produce ideas that may be transferable to similar contexts (Connelly & Clandinin, 1990).

Quality assessment was considered in relation to narrative principles (Andrews, 2021; Connelly & Clandinin, 1990; Reissman, 1993; 2008). Reissman (2008) identified several principles for validity within narrative research which includes correspondence, coherence, persuasion and pragmatic, ethical and political use.

Reissman (2008) proposes two main sources of validity which are 'the story told by participant, and validity of analysis, or the story told by the researcher (p.184). Correspondence refers to the alignment between the researcher's interpretations, their theoretical framework

and the intended meanings of participants which enhances the credibility of the findings (Reissman, 2008). Several measures can be taken to enhance correspondence including; systemic data analysis, critical reflexivity, member checking and providing rich detailed narratives for the audiences to assess how interpretations align with participant's narratives (Reissman, 2008). The details of the data analysis processes have been documented within the methods section and extracts have been illustrated (see Appendix L, M). Critical reflexivity occurred throughout data collection and analysis through keeping a reflexive log (see Appendix J), and reflexive discussions within supervision, which included considering alternative interpretations of the data. Member checking was undertaken to support processes of dignity and empowerment and to compare participants' interpretations with the study's findings (Schiff et al., 2017; Simpson & Quigtey, 2016). Eight women were contacted for member checking; seven initially expressed interest and were sent a summary of the results. One participant subsequently responded, reporting that the themes accurately represented her experiences and that she found the interview process to be validating.

Verisimilitude refers to the researcher's ability to capture participant's authentic lived experiences (Connelly & Clandinin, 1990) which Andrews (2021) described as involving capturing the complexities and 'messiness' of narrative data. This has been evidenced within attention to individual differences amongst participants, including descriptions of contradictions and negative cases. An additional quality criterion is consideration of context (Andrews, 2021). This includes attention to how narratives are shaped by both researcher and participant's socio-cultural identities and situated within history (Andrews, 2021). This is evidenced by situating women's stories within historical socio-context, and exploring how women's shame narratives are shaped by cultural meta-narratives of gender norms, rape myths and victim blaming.

Coherence is another principle of quality within narrative research and refers to the temporal, structural and thematic coherence of participant's narratives (Reissman, 1993). Reissman (2008) acknowledges that principles of coherence may be reduced within trauma narratives which are often fragmented and therefore suggests reliance on coherence of researcher's data interpretation in shaping meaning and coherence from the findings. BNIM methods honours the complexity, and understands deviations from coherence (i.e. inconsistencies and pauses) and are important part of data interpretation (Holloway & Jefferson, 2012; Wengraf, 2020).

Persuasiveness refers to whether the theoretical claims being made by the researcher is embedded within the data (Reissman, 1993). Reissman (2008) suggests persuasiveness is enhanced when the data supports theoretical claims being made by the researcher, which can be evidenced by 'thick description' and detailed contextualised extracts. The researcher has included lengthy extracts of women's testimonies to illustrate theme and structure of narratives, and has included negative cases to represent the diversity of experience within women's narratives.

Political and ethical use refers to the contribution of the research in addressing socio-political issues and foster social change (Reissman, 2008). Research on sexual violence and shame is inherently political and feminist ideas have been embedded into the theoretical framework, analysis and findings. The findings have also produced important insights for recommendations regarding shame sensitive practice in the context of supporting women survivors of USE (Dolezal & Gibson, 2022). Resonance refers to representing stories in a way that will meaningfully engage readers. In line with the concept of resonance, detailed extracts of women's stories have been provided to capture women's voices and engage readers within the emotionality present within women's narratives.

Personal Reflexivity

A researcher's social identity, positionality and assumptions can shape the production of knowledge at all stages of the research (Jacobson & Mustafa, 2019). Therefore, critical reflexivity and transparency are essential for enhancing the credibility and the trustworthiness of the research (Finlay, 2002). Narrative research and BNIM acknowledges the co-construction of narratives, and how researcher's lived experiences, beliefs, and socio-cultural identity can shape data collection and interpretation (Holloway & Jefferson, 2012). Additionally, given the topic of shame it was important to attend to the intersubjective field, conscious and unconscious mechanisms that arise within the research context between researcher and participant (Holloway & Jefferson, 2012).

Below is my reflexivity statement:

I identify as a woman of White British ethnic origin. I was born in 1993 in the UK and I am currently 31 years old. I am from a low-income background and was the first person in my family to attend university. I grew up predominantly around women which includes being one of four sisters. Myself and the women within my life have been through and overcome many adversities. I am currently a trainee clinical psychologist, and my striving has led to have

some social mobility in which I would now fall within middle class socio-economic bracket. My lived life and social identity reflect experiences of privilege and oppression which has shaped my interest within the topic area of shame and sexual violence. My upbringing sensitised me to the challenges girls and women may face and shaped my feminist beliefs and values for advocating and supporting women. Therefore, within this research I operated from the position of a dual identity as a young woman who has experienced her own adversity, and as a professional with theoretical understandings and clinical experience of working with women who have experienced gender oppression, sexual violence, trauma and shame. In addition, my academic institution holds a critical lens towards dismantling oppressive social structures, and therefore my clinical training has shaped my understanding of shame, sexual violence and oppression. This has likely influenced my psycho-social stance and my beliefs that USE is not only personal but a socio-political issue, and the assumption that patriarchal systems contribute to women's and girls' vulnerability to sexual violence and shame.

Dissemination

This research is considered to be relevant for a wide variety of disciplines including health and social care professionals, law enforcement (lawyers, police officers and judges) education professionals and academic researchers. Given the relevance of this research to multiple disciplines, it would be appropriate for this research to be shared within journal articles that are accessed by a wide variety of professionals, involved in the prevention, assessment and intervention. Some examples of these journals include the 'journal of childhood sexual abuse' and 'journal of interpersonal violence'. In addition, the researcher may consider journals that focus specifically on gender-based violence, feminist research and women's health, such as 'psychology of women quarterly' and 'violence against women'. The Survivor's Voices Researchers Community (SVRC) could also be approached to distribute the research amongst fellow researchers of sexual violence. The author is also currently a member of an inter-disciplinary working group, focusing on the development of a three day 'shame-sensitive practice' workshop for professionals working within social care, and is aiming to integrate the findings into the workshop.

Results

Demographic Information

The participant's demographic information was collected at the start of the first interview (see Table 7). The obtained information included participant's current age, gender and ethnicity. Additional information collected included a summary of the context of the USE their age, relationship to the perpetrator, details of any previous disclosure to close others or organisations and whether they had received any previous support or intervention. All participants were employed or due to begin full time employment and nearly all participants had a degree level of education. Six out of eight participants were in a heterosexual relationship, and the remaining two participants were single.

Table 7. *Demographic Information*

Pseudonym	Current Age	Ethnicity	Age at the time of USE	Type of USE	Duration of USE	Perpetrator	Disclosure	Support
Amelia	20 years	Black African	13 years	Sexual Contact (P)	Once	Peer group	Friend	Police: No Therapy: No
Semiya	25 years	British Pakistani	6 years old	Sexual Contact (NP)	Several occasions (2-3 months)	Religious teacher	Parents, Friends	Police: Yes Therapy: Yes
Rachel	23 years	White British	12 years old	Verbal Sexual Contact (NP)	Sexual Assault Two occasions	Peer group	Parents, Current Partner	Police: No Therapy: Yes
Kimberley	30 years	White British	16 years old	Verbal Contact Sexual Assault (P)	6 months	Ex-Partner	Parents, friends, Current partner	Police: No Therapy: Yes
Jessica	25 years	White British	9 years 24 years	Grooming Contact Sexual Assault (P)	Several years One occasion	Groomed by group of men Raped by stranger	Parent, Partners, Friends	Police: 2nd Incident Therapy: Yes

Pseudonym	Current Age	Ethnicity	Age at the time of USE	Type of USE	Duration of USE	Perpetrator	Disclosure	Support
Jasmine	25 years	White British	15 years old	Unwanted sexual contact (P)	Once	Boy at sister's university	Sister, Friend	Police: No Therapy: Yes
Emily	22 years old	Mixed black and white African	15 years old 20 years old	Sexual Contact (P) Sexual Contact (P)	Repeated (6 months) One occasion	Boyfriend Dating partner	Family, Friends, Partners	Police: No Therapy: No
Hannah	23 years old	White British	18 years old 19 years old	Sexual Contact (P)	Two separate occasions	Boyfriend Dating partner	Family, Friends, University	Police: No Therapy: Yes

Note. **P** = Penetration, **NP** = Non-penetration

Participant Pen Portraits

Amelia
Amelia was born and lived in Nigeria until she moved to England when she was fifteen years old. Amelia was sexually assaulted when she was thirteen by three males in her peer group. Amelia felt unable to tell anyone about the assault due to fear or being blamed, punished or experiencing stigma. Amelia reflected on the impact of gender, race and culture in her decision not to tell anyone about the assault, this included lack of trust in institutions (school and police). She felt she would not be taken seriously or would be blamed and suspended from school. Amelia had recently told a friend who was in the same peer group at school. She reached out for support and has been attending online workshops for healing from abuse. Amelia reflected on transition of moving from Nigeria to England and the process of gaining independence, adjusting to a different culture, and feeling a sense of pride in completing her degree and obtaining employment.
Semiya
Semiya was born in Pakistan where she was looked after by a carer in her early life. She moved to England when she was four to live with her father and step-mum. Semiya was sexually assaulted by her religious teacher over a period of several months when she was six years old. Semiya told her step-mother, who spoke directly to her religious teacher. However, her religious lessons continued for a period of time after the disclosure. The police were later informed and Semiya disclosed sexual assault to the police. However, Semiya's parents did not want her to go to court at the time of the investigation. Semiya spoke about her experiences within the context of her experience of South Asian culture, and cultural expectations of women to take responsibility for the actions of men and to not talk about anything that could bring shame to the family. In recent years, Semiya described finding her voice, and feels she has become an active disruptor motivated to break silence within her family and her field of work.
Rachel
Rachel experienced sexual harassment and assault during her school years. This included experiencing sexual assault in the classroom by two boys on several occasions. Rachel was also verbally harassed on multiple occasions whilst walking to school. Rachel also spoke about many incidents of sexual harassment that she experienced by male members of the public. Rachel attended therapy for many years due to social anxiety, but only discovered more recently that the cause of her anxiety was linked to her experiences of being

threatened by men and subsequent shame. Rachel spoke about her experiences in the context of her innocence and naivety being taken from her and being viewed as a sexual object through the male gaze. Rachel described a journey to feeling more empowered through attending kickboxing classes, becoming assertive, supporting other women and directly challenging men. Rachel spoke about intergenerational impacts of gender-based violence and how this influenced her values and her views on how she would parent her children.
Kimberley
Kimberley was in an abusive relationship when she was sixteen. During this relationship she experienced emotional, physical and sexual abuse and became increasingly isolated. Kimberley was degraded and belittled during sexual encounters with this partner and often did not consent to sexual acts or intercourse. Kimberley ended this relationship after six months and did not tell anyone about the sexual assault until her early twenties. Kimberley described a process of significant turning points which involved moving away and living in a place she experienced as safe where she could rebuild her life. Kimberley described finding safety and happiness through buying her own home, living around a supportive network, pursing her career and being in a safe and loving long term relationship.
Jessica
Jessica was groomed by a group of men who worked at her local shop from the ages of nine to twelve years old. When Jessica was twelve years old one of these men attempted to sexually assault her. Jessica was able to escape and run away. Jessica did not tell anyone what had happened to her and did not disclose to the police. Within early adulthood, Jessica was sexually assaulted by a man she was meeting for a first date. Jessica reported the sexual assault to the police however the case did not go to court. Jessica spoke about her difficult experiences of the police investigation. Jessica described the impact of sexual assaults on her mental health and her relationships with later partners. Jessica described an ongoing journey of managing the aftermath of the sexual assaults on her mental health. At the same time, she feels at a stage in her life where she is in a stable and happy relationship, has a supportive network, is exploring and pursing her career goals which are focused on supporting others and is content in her current life.
Jasmine

Jasmine had a USE when she was fifteen whilst visiting her sister at university. Jasmine described not wanting to have sex with this person but described feeling frozen and unable to say no in the moment. Jasmine spoke about the impact of the USE including embarrassment, low self-esteem and not wanting to engage in sexual intercourse in her first relationship. Jasmine reflected on influence of family beliefs and culture of not talking about topics related to sex and wishing she knew more about consent. Within her first relationship, Jasmine described feeling pressured to engage in sex with her partner. Jasmine described a journey of healing from this experience and now being in a happy relationship with her current partner where they are able to openly communicate about sex.
Emily
Emily was in an abusive relationship in her adolescence and experienced ongoing incidents of sexual assault. Emily described feeling quite vulnerable in this stage of her life and struggled with her mental health following the relationship, including struggling with self-harm, impulsivity and taking substances. Emily also experienced a sexual assault whilst she was at a party in her first year of university. Emily described concerns that she was spiked at this party by the man she was dating who sexually assaulted her following her return from hospital that night. Emily did not disclose to the police after the incident, but reached out to her family and friends for support and returned home from university for a period of time. Emily spoke about her journey of overcoming struggles with her mental health, meeting a supportive partner and obtaining her degree and working towards her career goals.
Hannah
Hannah had a USE within her first year of university, and described experiencing a 'shame-spiral' after the incident, taking several months to process what had happened to her, and did not tell anyone for eight months after the USE. Later in the year, she attended a consent workshop at a university and was angry at the limited information that was been shared during the workshop, this led her to disclose to a friend what had happened to her. Following this, she was supported by her friend to report her experience to the university. Hannah spoke about the impact of the USE on her self-esteem, and difficulties with intimacy in subsequent relationships. She felt she was now in a process of self-exploration and discovery and rebuilding her confidence.

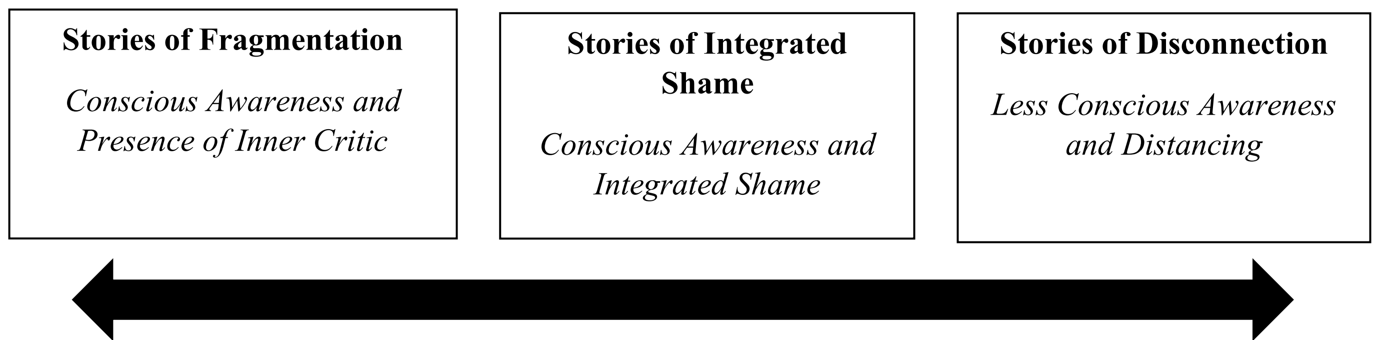
Shame-based Trauma Narratives (Fragmentation, Disconnection and Integrated Shame Narratives)

There were some structural differences in the way that women told their stories, which may reflect differences in the influence of chronic shame on narrative storytelling (DeYoung, 2015). The way shame influenced storytelling can be understood to exist on a continuum of degree of conscious awareness and emotional engagement with shame (see Figure 5). Women moved between different types of storytelling; however, most women did predominantly fall into specific type.

Figure 5. Impact of Chronic Shame on Storytelling

Structure	Description	Participants
Fragmentation	Some women's narratives had a fragmented quality and less chronological structure. Shame was often explicit and the presence of the inner critic disrupting the narrative. Event narratives were often interrupted by internal streams of consciousness and rhetorical questions. There was some physiological activation present within speech including self-interruption, filler words (hedging), a wavering and halting rhythm and alternating between verbal planning and faster paced speech.	Semiya, Jasmine, Evelyn, Hannah
Disconnection	Other women's narratives had more temporal coherence following a factual timeline of events, which was dominated by narrator voice often with a slower detached and flat tone. This formal diction perhaps acts as a distancing mechanism from shame and other emotions. At times, there appeared to be less conscious awareness or engagement with shame and less presence of the inner critic. Themes of disconnection were present thematically including; isolation, emotional detachment and minimisation. There were differences between these two women's narratives but they shared a quality of detachment either in how their story was told or what they said.	Amelia, Jessica
Integrated Shame	These narratives had the clearest chronological structure, and a balance between the narrator voice and emotional reflection. Women often told stories from reflective distance of the past self which was shame-bound and the present self who had largely transformed shame from the USE. This was more present more towards the end of these narratives and was also present across the rest of the sample towards the end of their narratives, but overall, these participants displayed more coherence and chronology.	Rachel, Kathryn

Figure 6. Continuum of Chronic Shame on Storytelling (Degree of Engagement with Shame)



Traumatic Feminine Shame

Most women began their testimonies by orientating to the time of the USE. Early stories were shaped by cultural narratives of childhood innocence and adolescent coming of age narratives. Women narrated the USE as a core moment of pain and shame, a biographical disruption to their identity and shattering of their "naivety" or "innocence". Adolescence is understood to be a crucial stage of identity construction where the central developmental question is "who am I?" experiencing trauma during this time can lead to an identity crisis and a search for meaning (Marin & Shkreli, 2019).

Explicit and implicit shame varied across women's stories; however, all women's testimonies reflected a dominant shame narrative about the self following USE. Internalised shame narratives arose from comparisons to cultural scripts of feminine purity and modesty, which included being "unlovable" (Jessica), "not good enough, unworthy, impure, unclean" (Semiya), "bad" (Janice), "useless", "frigid", "damaged goods" (Kimberley), "weak", "stupid", "vulnerable" (Rachel), "abused, dirty and vulnerable" (Evelyn), "naïve" (Hannah), being viewed as "a lesser person" (Amelia), and an awareness of having a "stigmatised identity" (Jessica). These narratives were often repeated throughout women's testimonies, which reflected internalisation of the USE as a threat to their social identities and gendered selves (Weiss, 2010).

For some women, shame arose from trauma sexualisation and physical violation from perpetrators which was also experienced as a psychological intrusion distorting women's self-concept. These narratives also contained imagery and metaphors of contamination. This is illustrated by Rachel's narrative who described the destructive impact that being violated and sexualised had on her identity in adolescence:

1 The kind of harassment that I got with the lads
2 I got a lot of shame from that because it distorted
3 how I wanted to act and how I wanted to see myself↓.
4 So, ooh was I going to be that
5 kind of popular girl who that made out with all the boys,
6 went out with all the boys
7 because that's what they want me to be,
8 or do I just kind of be myself when I was quite reserved,
9 and ya know, (£)
10 I fancied some boys but I didn't really ya know,
11 what to do x, y, z with them (£).
12 So there was a lot of shame about that
13 because I felt like my identity was being warped

Rachel narrative was illustrative of an integrated shame narrative as shame was explicitly named and present throughout her narrative as illustrated within (lines 2 and 12). The overall structure of Rachel's narrative displayed temporal and thematic coherence, reflecting a balance between emotional engagement and reflective distance. Rachel constructed her narrative from broader trauma and feminist metanarratives which enabled her to process and integrate shame and create a coherent self-narrative.

Some women's narratives illustrated a combination of shame and self-blame, which often occurred in response to feeling complicit or responsible for the USE. Common phrases across women's narratives were "I let it happen", and "should" or "shouldn't" statements which represented the internalisation of dominant societal narratives of victim blaming.

Hannah's narrative illustrated how she initially interpreted the USE based on cultural scripts of what constitutes "real rape" (Christie, 1986) which led to self-doubt, internalised shame and self-blame because she felt responsible for inviting the perpetrator to her room. Hannah's narrative was indicative of fragmentation which was present within most women's early narratives, illustrating the disorganising impact of shame on meaning making at the time of the USE and present narrative storytelling. The below detailed extract from Hannah's testimony, illustrates the disorganising impact of shame:

1 I put the - (.hhh)
2 it's weird, coz at the time I knew it –

3 in the moment,

4 I knew it wasn't~right~

5 (>) and then afterwards I sort of just accepted it and thought that's it's just what happened (2) (>)

6 (<) but I didn't see it as (3) un- non-consensual↑ (<)

7 I - yeah.

8 It was a very strange thought process

9 Erm, and I just thought that I'd (.) instigated this situation

10 Coz (>) I had invited him round to my house↑ (>) –~

11 well, my room [huh]

12 which wasn't the case coz obviously (.)

13 that wasn't my expectation for the evening,

14 we were watching Madagascar,~like that's not really the best film.

15 Erm, so yeah, I think it was just (2),

16 maybe

17 I think -

18 it was one of them where it was like did, I put out signals?

19 And did I get~confused?~*[Wobby voice]*

20 Or did he think I was initiating something? and it just –

21 yeah, a lot of self-doubt and then

22 eventually I just sort of was like I must have done and then started shaming myself for everything going too quickly, (>) and

23 yeah

24 just a bit messy in my head, I think.

Hannah's narrative illustrated the difficulties in articulating a shame narrative, which was represented within fragmented syntax and conflict between the internalised voice of societal victim blaming (lines 9-11). Hannah's present counter-shaming voice (lines 12-14), and her past voice of inner conflict and confusion (Line 18-20) which resulted in self-shaming (Line 22). Hannah ended this narrative by saying "just a bit messy in my head" (line 24), which is illustrative of the re-occurring metaphor of a "shame spiral" throughout her story. This was symbolic of the loss of control of intrusive and repetitive shame-based thoughts.

Similarly, Jessica narrative indicates how her initial interpretation was influenced by the "real rape" myth that physically resistance is required for the classification of rape (Burt, 1990; Christie, 1986). In contrast, Jessica recalled a more event-based narrative with dominant narrator voice often with a more flat and detached tone of voice. Although, Jessica did not explicitly reference shame, there were often moments within the interview where she described the impact of sexual assault on her self-worth and esteem. Jessica's initial narrative was mainly focused on events with less reference to emotions:

1 So, I reported it to be police,
2 erm, provided like our messages,
3 and a statement
4 and I had to do the god awful like forensic medical exam.
5 That was fun,
6 that wasn't what I was kind of expecting on a Friday night
7 but hey ho. (.) [Sad and Flat Tone]
8 Ummm, (2) and, yeah, it got dropped.
9 So,
10 there was "<u>insufficient evidence</u>".
11 Umm,
12 to suggest that he didn't, like he didn't, he believed -
13 that he had reasonable belief that I consented.
14 Which is, that's the bit that's really hard to prove and that's why I didn't know whether I had been raped or not,
15 because I didn't explicitly shout or scream or say no or all of that stuff,
16 but I did a lot of sort of quite obvious body language [Sad Laughs].
17 Umm, that suggested, that I wasn't 100% happy with being there,
18 so that was frustrating.

Jessica constructed a strong, confident and independent identity, which appeared to be a narrative that enabled her to maintain resilience, but also perhaps served as a protective armour against vulnerability. Irony and humour were common features within Jessica's narrative but was often combined with a flat or sad tone, as represented within this story of police investigation and medical examination, (line 5-7) "that was fun, that wasn't what I was kind of expecting on a Friday night, but hey ho.", which was possibly a way to create emotional

distance from feelings of shame and vulnerability. Emotional distancing is further illustrated through minimisation of emotions within (line 18) “frustrating”, as way of expressing her pain without fully confronting painful emotions. Jessica did acknowledge her distance from emotions within the interview, and apologised if her narrative came across as rehearsed as she was used to telling the story.

Retreating for Self-Protection

Women told stories of the immediate and enduring impact of the USE which featured unconscious defensive mechanisms of physical and psychological retreat within adolescence. This included isolating from others, denial, emotional numbing and avoidance to shield them from their psychic pain and shame but paradoxically led to continued disconnection from themselves and others.

Some women did not initially symbolise the incident as a USE until several months after the incident due to rape myths. Most women kept it to themselves for months or years signifying the relationship between cultural silencing and withdrawal. Some women described physical retreat from others following the USE, Jessica described withdrawing completely from physical touch “Umm, around about this time was when I started to become really withdrawn… from then, I just could - I <u>stayed at home</u>. I refused to be touched by anybody. I couldn’t really do hugs. I couldn’t do, I couldn’t do, sort of sitting to close to people.” Similarly, Hannah narrated a shutting down response following the USE “I isolated myself which then impacted my depression at the time, and then I like I just ended up in an even bigger of a spiral.” as she stayed in her room on her own for several days, and did not disclose to anyone for eight months, keeping her trapped in a cycle of shame.

Within adolescence, some women described struggling with low self-esteem, a lack of belonging and feeling different to their peers. This featured within Jasmine’s narrative as a core narrative was of struggling with self-esteem within adolescence. Jasmine described not engaging within the same behaviours as her peers and avoiding boys for three years, as she was fearful of being in a similar position:

> So when I was like fifteen, we were at – that was when everybody was like going to parties and things, that was when like, erm that’s when everybody kind of started experimenting with, like, <u>drink</u> and <u>sex</u> and stuff and I think – My experience that I'd had 'cause so this happened –I obviously live in *****. This happened at my sister’s uni and I'd gone to visit somebody, and erm so that was like far away. Umm, so they were like far away. And then

I'd like felt like I'd like come back into this environment where everybody's like partying at the weekend and experimenting with this and that. And it made me not want to do that. (Jasmine)

Similarly, Semiya described herself as an "introverted" child who felt "different" and "alienated" from her peers and became withdrawn at home and school. Semiya storied managing difficult experiences within childhood by developing multiple identities to adapt to different environments to avoid shame and rejection from others*:* "I think it's something that comes out of surviving so many experiences that I have had to have these identities where I can merge and can be like this is where I am now, this is who I am now."

Many women narratives including Amelia, Kimberley, and Evelyn contained themes of emotional detachment, emptiness and numbing following the USE. These narratives were illustrative of fragmentation and discrepancy between their outer self attempting to function and carry on as normal with an inner vulnerable self that was carrying the shame. This is illustrated in Kimberly as she narrated coping in the aftermath of an abusive relationship:

1 I was still in a bit of a weird place.
2 I didn't date anyone after **** at college
3 I couldn't – (<) face a man at all (<) until Uni (<)
4 and I lost that flirty part of me completely.
5 There was no
6 - I was just a **nerd** again,
7 and I spent my breaks having cigarettes on my own
8 'cause no one else smoked, in my friendship group,
9 that I had abandoned for six months (<)
10 so I kind of didn't see them anymore
11 But yeah, so on my eighteen birthday,
12 I went to *****, with a couple of friends after that first lesson
13 and by the time form came around.
14 Obviously, I'd only had like two but I was eighteen
15 and already a bit tipsy and I just remember him sitting there.
16 And he turns to me and was like *"I know when you're drunk and you're drunk"*.
17 And I looked at him and I was like *"You ruined my life"*.

18 I don't know where that came from at the time *[Confused Tone]* because I haven't spoken to him.
19 Nothing has changed in a way because I'm still going to college.
20 I was still working.
21 I was …
22 I was…
23 kept seeing my friends,
24 but it wasn't the same
25 and I kind of turned into a bit of shell of me rather than me."

Similarly, Amelia described "having to wear a mask", and hide her pain as she never told anyone at the USE in adolescence. Amelia described herself as a "melancholic" person, and a continued pattern throughout her life of denial, dissociation and withdrawal from others. Amelia's narrative illustrates the damaging effect of isolation and silencing. Amelia's narrative created imagery of being in a shame-bind, as it was self-protective to remain silent due to women's social position within Nigeria, however it was also internally destructive:

1 In over the years
2 through secondary school
3 trying to deal with this experience,
4 you almost have to tell yourself,
5 that this isn't real,
6 this didn't happen,
7 or you have to beat yourself down
8 and say,
9 this experience I just have to tuck it away and pretend it doesn't exist,
10 and in a way you are kind of
11 killing an emotional aspect of yourself

Amelia's testimony fit the disconnected shame typology. Within Amelia's narrative affect was often articulated but with a flat and detached tone. This extract from Amelia's testimony illustrates an enduring self-protective survival strategy of separating from psychic pain. This was reflected in short mantra-like statements in (line 3-4) "this isn't real, this didn't happen", and the use of the metaphor "tuck it away". This illustrated Amelia's attempts to carry on functioning, although the word "pretend" implies this is not fully possible as partial

awareness remains. Amelia's use of the words "killing an emotional aspect of yourself" indicates an internal conflict and aggression directly towards the hurt part of the self.

Evelyn described going on a "self-destructive path" in adolescence, and her narrative also illustrated internalised aggression towards the self which included engaging in self-harm, drugs and hypersexuality:

> I definitely struggled afterwards in terms of being in other relationships and not knowing what to expect and I would say that it made me very self-destructive. I would do things, and I would rebel against my parents and I would go out crave affection and self-affirmation, but not from – instead of looking internally for it and become more at peace with myself. I craved it off other people. Umm, which at the time, the small highs were really really healthy, so I thought, it was like filling the void so to speak" (Evelyn)

Some women described feeling vulnerable to objectification and sexualisation and developed a hypervigilance response and general distrust for men, viewing them as inherently dangerous:

> One thing I do struggling with is walking up a road that has a lot of traffic on, so a lot of cars that are stationary but there's people in them, because other kind of sexual harassment incidents that I have experienced where I have had a man beeping at me or yelling out of the window. I think the fact of having somebody look at you and judge you on your attractiveness and then, if they deem you as appropriate then °shout at you°. I find it very degrading. And then I think often people's reactions to being degraded is to become more insular, not wanting to look up. So when I am actually walking past stationary traffic, I am already preparing myself to be degraded which is unhealthy, and it is something that I recognise is happening, and I know it's because of what I have experienced before and it is something that I have experienced a lot so, ya know, my brain has seen a pattern (Rachel)

Systemic Shame Wounds

This theme captures the systemic nature of shame represented within women's stories, including how shame is shaped by gender discourses and cultural narratives, and can operate unconsciously within families, institutional structures and society. These stories illustrate the conditions in which shame can be amplified including secrecy, silence and presence or anticipation of stigma, judgement and blame. This theme demonstrates how silence and the internalised voices of others and society can result in repeated shame injuries, and the continued silencing and oppression of women.

Amelia and Semiya told stories of the shame and stigma they faced or anticipated facing within their family and communities. Semiya's testimony was structured around themes of gendered and intergenerational shame within South Asian culture, which she described positioned women as "responsible for male attention". Cultural expectations and internalised voices of others was present within the form of "you" statements within Semiya's narrative such as "you need to bare the suffering" in silence to retain family's honour and image. Semiya began her narrative by talking about the impact of her family secrecy and silence, and was a re-occurring theme throughout, representing the part of the story which carried the most emotional significance for her.

1 Ummm, and my dad knew through my step-mum
2 but never spoke to me about it
3 so, I guess I understood that we can't talk about emotions
4 we can't talk about a lot of difficult things at home
5 and it all has to be <u>put under the carpet</u>
6 and I am pretty sure my brother didn't - wasn't even aware of it until I was (.) sixteen↑.
7 Umm, which is a long while, soo... I think there was just -
8 You can't speak about emotions
9 You can't talk to each other,
10 Ummm and when difficult things happen, they are very stressful, that
11 <u>we can't cope</u>
12 <u>with the stress</u>
13 to talk about it
14 so we just avoid it and ignore it.
15 Erm it made me internalise a lot of it, so
16 wanting attachment but not having it at home

The repetition of the phrase "we can't talk" (lines 3-4) to "you can't talk" (lines 8-9), represents the internalisation of silencing, the emotional pain of this silence and disconnection within the family. The use of the metaphor "has to be put under the carpet" (line 5), appeared to represent the family's shame, desire to conceal and keep difficulties a secret to maintain the family's honour. Semiya described internalising the silence as something inherently shameful about her and throughout her life she felt she was carrying a "dark mysterious secret".

Similarly, victim blaming, silencing, systemic oppression were core themes within Amelia's testimony as she described being "silenced by culture":

> 1 It would have been very <u>shameful at the time</u>
>
> 2 I would <u>have been clouded in shame,</u>
>
> 3 especially where I am from,
>
> 4 umm, on the female side
>
> 5 Umm, to be involved in any sort of activity like this,
>
> 6 even if it had nothing to do with me in terms of it being my fault,
>
> 7 but it would have <u>been very shameful</u>
>
> 8 and very, very (3)
>
> 9 I would probably have been punished for being involved in it
>
> 10 even though it had nothing to do with me,
>
> 11 because of the background that I come from in Nigeria,
>
> 12 so, even if I now look back and if I had the opportunity to reach out to someone,
>
> 13 I probably wouldn't have,
>
> 14 because I just wouldn't have wa-
>
> 15 <u>LITTLE ME</u>
>
> 16 wouldn't have wanted to be involved in any <u>punishment or any scandal or rumour in secondary school.</u>

Within this extract, Amelia reflects retrospectively on her decision to not disclose to family or the police. This is the only time Amelia explicitly mentions shame within her narrative, the emphasis, the use of intensifiers 'very' and repetition of shame within (lines 1, 2 and 7) appears to communicate the depth pain associated with shame or being shamed. This is further illustrated by the metaphor 'clouded in shame' which is a description of the darkness and possibility of being engulfed by shame. Within line 12, Amelia interrupts herself and shifts from adult perspective to emphasising her child self "LITTLE ME" emphasising connecting with young part of herself and her vulnerability and powerlessness at this age, which is juxtaposed against feared consequences of external shame and stigma.

Amelia further elaborated on her decision to not disclose to the police:

> It will probably be taken as something very light, like a joke. So, I never even imagining, in my wildest dreams, that I would ever go to the police at that time, anyways. Yes, like I said, speaking to my parents, or going to someone of high authority in my school was practically almost Jesus at the time as well. (Amelia)

Amelia's narrative illustrates the impact of patriarchal oppression and rape culture as she narrates self-silencing as a form of protection due to men's powerful positions in society and the minimisation of male violence.

Some women's narratives reflect the presence of rape culture and victim blaming emanating from society and institutional structures which contributed to women minimising the USE and internalisation of shame and self-blame. Rachel told a story of initially minimising sexual harassment and "brushing off" her experience due to teacher's responses "ohh boys will just be boys. Ohh they are just being silly, ohh it's just their hormones", which positioned boys as unable to control their sexual impulses.

Most women spoke about their decision to not disclose to the police due to powerful positions of the perpetrators, the fear of stigma and not being believed. This was often influenced by internalised rape myths, and lack of faith in the criminal justice system. Hannah said she has a "bad belief system in society" and feeling that she "wouldn't win" in a court case due to the "he said/she said" argument, and Evelyn described concern about victim-blaming attitudes within the police force "you always hear the comment of what was she wearing". Evelyn's narrative was indicative of fragmentation and illustrates how internalised voices of others contributed to self-blame and doubt:

1 "Oooh well ya know, I have screen shotted all the messages and you are excusing me of stuff"
2 and "umm if you were to take this to the police, I would have screen shots to say that you are actually lying,
3 because you are clearing say this isn't what happened so you can't change your mind.
4 I have all my friends listening to the conversation so they can back it up as well."
5 So that was a lot of –
6 at the time I didn't think it had happened.
7 At the time I was just very much like,

8 I don’t know what happened can you fill in the blanks.
9 It wasn’t supposed to be -
10 like this is what’s happened what the hell!
11 But looking back and of the way that it was reacted to,
12 umm pretty much instantly I realised that there was something wrong there,
13 but in a way,
14 I also didn’t want to bring more than attention than needed,
15 because I also had these threats of
16 “well, you can’t go back on your words here because of this, that, and whatever”
17 I did feel guilty.
18 I did feel like ohh maybe I did read into this wrong?
19 maybe I am accusing him of stuff that erm hasn’t really happened?
20 maybe I was just like drunk?
21 maybe this had happened, maybe that.
22 But I think on reflection again there was a lot of … red flags.
23 There was a lot of little things that could have indicated that behaviour.
24 Which again I am not going to sit there and blame myself for not seeing them, because who can?
25 Ya know I am only human, I am not expected to see all these little things.
26 Umm,
27 I have lost my train of thought. [Laughs]

Evelyn’s narrative depicts her sense of feeling powerless due to threats from the perpetrator. Towards the end of this story, Evelyn illustrates intimacy with her thoughts at the time of this conversation with the perpetrator, lines 17 to 21 illustrate Evelyn’s self-doubt and self-blame within the form of faced paced speech, rhetorical questions and repetition of the word “maybe”. Evelyn returns to the present in lines 22 and 23 which further indicates the continuation of self-blame. However, this is then countered by a non-shaming voice, (lines 24 and 25), which appeared to operate as a form of self-protection from shame. This voice was present throughout Evelyn narrative to counter her feelings of shame. Additionally, Evelyn losing her train of thought towards the end of the narrative could perhaps indicate experiencing shame within the re-telling.

Two women spoke about iatrogenic harm and a failure in safeguarding caused by the police. Semiya described feeling abandoned due to not being informed of the outcome of her case. Jessica described several incidents of direct victim blaming from the police. She shared a story of being accidentally copied into an email which implied that she had fabricated the sexual assault to reduce her shame about contracting a sexual transmitted infection (STI). Although, Jessica resisted the victim blaming narrative, her anger was palpable which could indicate a bypassed shame response to being stigmatised and blamed.

Some women told stories of how shame had inhibited talking about the USE due to the anticipation of judgement and growing up in a family culture of avoidance in regards to speaking about topics such as consent and sex. Both Jasmine and Rachel accessed therapy within adolescence and identified that the anticipation of judgement from both parents and their therapist prevented them from speaking about their experience:

> I wanted to speak to my counsellor about it because it was … I was confused with myself. Embarrassed…I don't really know why I didn't … I think perhaps, the conversation kind of never went in that direction and I never kind of had the confidence to, like, bring it up. (Jasmine)

Rachel's narrative illustrates how trauma can lead to a fear-shame bind and how this may be hidden within therapeutic presentations. Rachel stories how her therapist searched for the root cause of her anxiety for two years:

> the feelings of shame that I had definitely showed through my therapy as well and I do believe that was one of the reasons as to why my therapy lasted so long. At the time, I felt we couldn't get to the bottom of things (…) and the clinical psychologist would be like maybe you having these anxieties because you are scared of having an allergic reaction? Or you are scared of this happening? Because I think she was trying to help me identify situations that make me anxious. I think a lot of the time, it was actually what I'd experienced being harassed, being assaulted, that caused about seventy percent of the anxiety I had at the time. (Rachel)

Rachel's use of metaphor "not being able to get to the bottom of things" could be a metaphor for the unconscious and inaccessibility of shame. Both women described silence as maintaining their shame narrative and prevented them from understanding and healing from the USE.

Navigating Relational Proximity

A core narrative theme of navigating intimate relationships was interweaved throughout women's stories within late adolescence and early adulthood. These stories illustrated the impact of the USE and internalised shame on women. These story plots were cyclical as each developmental stage presented new relational experiences and challenges. Women narrated stories which depicted interpersonal shame regulation strategies to cope with shame, which often portrayed an interpersonal dynamic of navigating closeness and distance, and an ongoing process of establishing relational safety and connection. Whilst these strategies served to protect them from the core pain of shame, at times, relational experiences reinforced a negative self-image and acted as a barrier to authentic intimacy and connection.

Most women stories illustrated the impact of an internalised shame on intimate relationships, and an enduring sense of feeling unworthy of love and connection (Brown, 2012). Within late adolescence and early adulthood, some women described having casual sexual relationships as a way of either maintaining emotional distance or seeking external validation. Jessica described initially only having casual encounters and later remaining in a harmful relationship for three years which came from "a deep-rooted sense of not feeling she deserved love or care in a relationship":

1 When I started having sex or intimate relationships they were very,
2 ermmm, causal.
3 It was, ya know,
4 I [sigh] I would leave before they could if that makes sense,
5 and one of my friends said have you ever thought you are using them before they can use you?
6 Like, you've, and this is what.. my oldest friend that knew everything that had ever happened to me and said you were used as a kid.
7 And he sort of said you were used as a kid, used as a play thing for a group of men who wanted you to do x, y and z.
8 You are now going through men, and using men before they can turn,
9 and before, leaving before they can get close enough to hurt you,
10 umm and I I acknowledge that,
11 and then I also had such,
12 and I still do in some ways,
13 have such a terrible self-image

14 and self-worth
15 and self-esteem.
16 Really, really just on the floor, that I thought that's all I could get, that's all I deserved.

Jessica narrated how the USE led her to believe she was only deserving of causal encounters. Jessica wondered whether this may have served as a protective mechanism, of perhaps regaining sense of control in relationships by maintaining an emotional distance and subsequently protecting herself from the possibility of hurt or rejection. Whilst Jessica does not explicitly label her experiences in reference to shame throughout her narrative, here her narrative is indicative of past and current chronic shame in [Line 12-15] "terrible self-image, self-worth, self-esteem".

Some women described seeking external validation through sexual encounters. Evelyn described experiencing a period of "hyper sexuality" and attributed her self-worth to sex which often perpetuated feelings of shame and responsibility:

> Erm, [pause] like craving affection from other guys and stuff like that, there was a lot of that and putting myself out there to seem more attractive in ways that I knew would gain that sort of affirmation that I felt like I needed. (Evelyn)

Some women described periods of avoidance of sex and intimacy. Women told stories of their partners becoming angry if they declined sex, and how this was a re-traumatising experience which reinforced shame-based narrative. Following the USE, Kimberly described feeling like *"damaged goods"* and told a story:

> The guy that I was with for three years, he would get really angry that we haven't has sex for a few days or for a week, and he'd get angry as well. "Just why not?" And I couldn't tell him and it he'd just get so frustrated and he would call me names. He'd say that's frigid. And it would just put me back into that mind set of well I am frigid. I am this. I am that. I am useless. (Kimberley)

Similarly following the USE, Jasmine described herself as fearful and avoidant of sexual intimacy and described herself as a "people pleaser" in relationships. Jasmine described feeling unable to assert boundaries and would feel like she couldn't say no to her partner:

> When it came to sex and stuff if there a time that I was like, I don't want to do it, he would always get really angry because I'd never said before that I didn't want to do it. And I've never been really open. I suppose that was what I was worried about, the lack of communication fed into it as well, but that was what I was worried about was if I say no, I might offend him and then subsequently, because we hadn't had those open conversations, I did end up offending him. Yeah. And he just like got angry. He didn't ever hurt me or anything like that it was just, it was just words. (Jasmine)

Some women stories described putting up physical and psychological barriers within relationships, due to feelings of vulnerability. Hannah described putting up a "big barrier" and not engaging in any sexual intimacy within her secure relationship with her partner after the USE. Rachel similarly described feeling "vulnerable" within her relationship, although she described it as a secure and loving relationship, she described "displacing the trauma" of sexual assault onto her boyfriend in the early stages of their eight-year relationship.

The majority of women described currently being in healthy relationships, however some described struggling with disclosing to their partners due to fear of rejection or judgement. Other women had not spoken about the USE to their current partner. Semiya storied ongoing difficulties with sexual intimacy and fears of judgement from her current partner:

1 Being intimate with my partner to this day, it's like (.)
2 we have been together for a year and a half and it is very difficult to trust them
3 in that intimate process.
4 Umm (.) and it's a lot to kind of <u>feel</u> and
5 kind of, - I guess when I think about it
6 after it, I feel very <u>low</u> and the <u>emotion are like everywhere</u>,
7 or I am stressed or I am anxious
8 so it's almost like my <u>body doesn't feel ok</u>, [Sad Tone]
9 and I think that's been very difficult to kind of manage, because I will get hyper,
10 even though I am hyper independent, and I will get hyper like oh my god don't leave,
11 but I managed that now [Laughs], I am in a much better place
12 I have definitely felt that guilt as well of always saying,

13 thinking this is my story and this is a part of what has happened to me unfortunately
14 so how do I share that with someone?
15 And will they think I am stupid that I am sharing this with them, because I have just said,
16 (>) it is not even <u>anything</u>, it is just a kiss, it's [inaudible], what is that? (<)
17 So it holds a lot to it
18 (<) and for some reason every time I tell a partner I am like emotionally everywhere,
19 because you feel like you might be <u>judged</u> and they might think you are not (<)
20 (.) <u>pure or clean</u>, yeah, it's just it's a very weird dynamic

The hesitation and fragmentation within Semiya's narrative may be symbolic of her ambivalence in disclosing to her partner, and the weight of carrying shame within intimate relationships. Additionally, it appears to represent the internalisation of shame and pervasive impact of intimate relationships in adulthood.

A re-occurring theme within Amelia's narrative was self-reliance and withdrawal from family, friends and intimate relationships. Amelia described becoming "overly dependent on herself" and holding a narrative that "it's me against the world" which could represent shame based withdrawal as a form of self-protection. Amelia did not speak about romantic relationships within her narrative, omission of this aspect of her life may be indicative of shame or the most painful parts of her story.

1 I think, the major thing for me was…
2 well two major things for me was
3 one, it awakens the sexual feeling in a very <u>bad</u> way,
4 because I think like it should be with someone that you really care about,
5 at a at an older age, at an age where you at least consent too,
6 it awakens that sexual feeling at a very young age,
7 where I practically knew absolutely nothing (.hhh).
8 The second thing was that –
9 umm,
10 moving on from that and other relationships I have been in,

11 umm moving forward with guys,
12 there's just,
13 there's whenever it comes to the sexual aspect,
14 there is always this (.) … trauma or fear that I feel,
15 and so, it's like, I don't even really want to be involved in it,
16 it's like whenever I think about sex,
17 or sexual experiences,
18 it's almost very traumatic
19 or very associated with pain or trauma
20 and so I just try as much as possible to push it to the side and ignore it.

Amelia's narrative was illustrative of the shattering of normative societal narratives of girls losing their virginity and traumatic sexualisation as a result of USE. Amelia uses distancing and vague language when talking about sexual intimacy. In the final line Amelia said "I just try as much as possible to push it to the side and ignore it" which may have been a direct communication within the interview and expression of wanting to move on from the topic.

Mobilisation and Transformation of Shame

The middle and end of women's narratives were characterised by important transitions and turning points which appeared to be catalysts for transforming shame. These stories contrasted to earlier narratives of powerlessness, silence and isolation to connection, agency, authentic pride and constructing a positive sense of self. This was present in the way women told their stories representing a shift from a dominant dialogical voice of (I-as-shameful), to an increasing presence of a voice of empowerment, self-compassion and dignity (I-as-worthy).

Mirrored Compassion

An important moment within most women's narratives was moving from self-silencing to being courageous and vulnerable in sharing their stories with significant others (family, friends, partners and institutions). This theme illustrates the interaction between personal narratives and external social contexts in restoring connection and re-shaping self-narratives through being met with love, affirmation, a compassionate holding space and authentic empathy. The compassionate presence of another also appeared to dissipate shame so women felt less isolated with their pain. This process was gradual, and non-linear, as most women navigated a process of finding their voice and discernment with disclosure.

Some women narrated receiving an "open armed response" (Evelyn) and "undying maternal love" (Hannah), when disclosing to their mothers and family, which signified cultural metaphors of unconditional love and motherhood. This created imagery of returning to a secure base and their stories illustrated the shared experience of pain. Hannah storied how shame kept her trapped in silence and isolation for eight months which was "making her ill", until she disclosed to her friends, mother and reported the incident at her university. For Hannah, and other participants, validation and support from other women was significant in reducing shame. Hannah told a story of her friends supporting her through the reporting process:

> They were with me at the appointments, held my hand to make sure that I was ok and then when I was in my kind of like [Laugh] sounds really bad, my like shame, self-shame, slut shame spiral that I went through. They were trying to reassure me that it wasn't my fault and that that wasn't the case, and they completely validated how I was feeling but they wouldn't let me sit with that on my own. They tried to change my perspective of myself, just so I didn't carry that guilt and shame. (Hannah)

Hannah illustrates the enveloping and persecutory nature of her shame narrative, through her use of language "self-shame slut shame spiral", and how her friend's physical presence, and validation interrupted the intrusive loop of minimisation, self-blame and criticism. Hannah's narrative also emphasises the heaviness and isolation inherent in shame, "sit with that on my own" and how the burden of having to "carry" shame and guilt was lightened by another's presence. Similarly, Jasmine storied a sense of relief in being able to immediate tell her friend "I'm really grateful that I did have that at the time because I think I got it off my chest so quickly. It didn't initially eat me up inside". Jessica also spoke about the significance of receiving "reassurance", and how this helped her to "come to terms with the experience" by reinforcing that she is not a "bad person". Both women's stories contain metaphors of the "heaviness" and destructive nature of shame which was lifted in been seen by a "regulating other" (DeYoung, 2015) which enabled them to begin to co-construct an alternative narrative.

The exchanging of stories with women who had shared experiences was also important for experiencing common humanity in the collective suffering of women (Neff, 2003). Rachel shared how talking with other women initially elicited anger, which transitioned to feelings of connection and facilitated self-compassion:

> I had those initial feelings of anger and then afterwards, feelings of like a peace, the whole sisterhood, the exchanging, the reciprocity, it does give you a bit more inner peace. It makes you feel like your lived experiences are a bit more normal, and the way that you react to the assault and the harassment is normal. Umm, and it's just your way of your body trying to protect you. (Rachel)

Rachel narrates how talking with other women facilitated connection in the form of a collective identity by using the term "sisterhood". The receiving and sharing of stories reflected "mutually empathetic relationships" (Brown, 2006), which enabled Rachel to challenge internalised shame and develop a counter-narrative. This was evident within the repetition and emphasis on the word "normal" which acted as a counter-narrative to feeling different or abnormal.

A few women sought validation and connection with other women's stories on social media or within feminist literature, which signifying an active search for transitioning from a social positioning of a marginalised identity to a collective identity. Amelia described initially seeking "indirect support" through watching webinars for women healing from abuse. Amelia narrated a significant turning point in her story which was breaking through silence and being able to vocalise her experience to a friend:

> She just listened, and encouraged and said "this has been a while ago, you just need to focus on the present, moving forward and healing, and if you feel you need someone to speak to, you can always come to me and I will always listen" and I feel like being able to give that sort of advice, and just be able to offer yourself as a source of help. Ermm, makes you feel like someone cares and someone is not going to judge you, or just treating you with a bit of honour and then I would if I am busy, I will sacrifice the time just to listen, erm which I really appreciated. (Amelia)

A minority of women spoke about the significance of supportive institutions within their narratives. Semiya narrated a transformative moment in therapy, where her therapist's compassionate response enabled her to have access to an alternative narrative that "her parents were supposed to protect her" which was a catalyst for transforming shame and guilt and beginning to externalise responsibility.

> "it really kind of opened my eyes… kind of saying things out loud that I hadn't actually said such as *"your parents were meant to protect you, you're step-mum was supposed to protect you in that moment and she didn't",* ya know, "*this is, this is kind of the situation*

that you have been put in and this is how you have been managing it, and wow that sounds really hard", it's been really validating as well, umm, and being able to put responsibility on people I would have been very p-protective of putting responsibility over" (Semiya)

Although, some women felt re-shamed either in the context of being invalidated, telling an untrustworthy other, or the feeling they had overshared. In contrast to other women's stories. In contrast, Jessica did not experience comfort from talking with others, which may have been due lack of relational safety within romantic relationships. Other re-occurring themes within Jessica's narrative was difficulty trusting others and positioning herself as being "deeply independent", which may have acted as a survival strategy but also perhaps a barrier to receiving compassion.

The Path of Self-Reclamation

Women's shame regulation strategies were diverse and therefore so was the way women transformed shame. This often involved becoming aware of the unconscious ways they protected themselves from chronic shame, such as prioritising others to maintain connection, social retreat and avoidance of emotions (i.e. denial, dissociation and taking substances) (Nathanson, 1994). Increased awareness often occurred following a catalyst such as a significant life event, a re-traumatising experience or repeated experiences of mistreatment or boundary violations. These events elicited a conscious transition to acting opposite to previous shame regulation strategies, such as connecting with righteous anger, agency and personal strength to turn towards vulnerability and seek support from others.

Most women described a transition from feeling powerless to resisting their previous compliance with feminine gender norms (i.e., suppression of anger and expectations to be passive, quiet, and subservient to others' needs). For some women, this resistance occurred within the context of abuse and mistreatment within subsequent relationships. Kimberly, Jasmine and Jessica narrated significant moments of leaving harmful relationships and reclaiming control and agency. These testimonies illustrate male dominance and female subordination power dynamics underpinned by shame, and women's transition from internalising shame to externalising anger and enforcing relational boundaries.

Jessica's dominant narrative was of being "unlovable", and "not deserving of love", and therefore leaving an abusive relationship was a significant point in her healing journey.

Erm, breaking up with my first partner. I had tried to break up with him six months prior to the actual end of our relationship. He was a very narcissist man. I had written down all the

> horrible things that he had done and said. And he was very gaslightly, so it was like – *"I would say I am not comfortable with you putting me down"* for example and he would say *"can you give me some examples of when I have put you down"*. I would then start to stutter, and he would jump on that and *"see you can't even tell me. You can't even tell me, where I was putting you down, so I am obviously not doing it, it is obviously all in your head." (...)* I tried to break up with him and he was horrible, and I managed to get out all of these things I was saying and he realised that I was being serious. I stood my ground. I suppose that was an empowering moment, actually standing my ground. (Jessica)

Jessica's narrative progresses from seeking validation through love, being mistreated and feeling powerless in her relationship to a more empowered position with her story. This transition is reflected within the extract as Jessica describes experiencing a shame freeze response (e.g. starting to "stutter") and then transitions to a more empowered position by enforcing boundaries within her relationship. This was illustrated within the repetition of the metaphor "I stood my ground". Jessica narrates this moment as a catalyst for demanding respect and re-connecting with her self-worth which is present within later affirmative statements in her narrative "I am going to look after myself. I am going to focus on me".

Similar themes were present within Kimberley and Jasmine's narratives, as both women described a gradual process of reclaiming their voice. Jasmine held a dominant narrative of being a "people pleaser" and disconnected from her own needs, she storied a a journey of a "growing self-awareness", as she began to "speak up for herself", "stand her ground" and assert her boundaries.

> He wanted to have sex the night before and I said no, but then he got really angry. So I was like, I'm just gonna ignore you. And then we went to the gym and then he apologised. I remember he apologised to me but it was the most like pathetic apology 'cause he was like, "well, I'm really sorry but you know how I get when you say no to me!" And I was like, [Laughs] I remember thinking that's absolutely ridiculous. You're making me the problem. You're making me saying no like that's the problem. It's not that you can't handle rejection, and that's not the problem. (Jasmine)

Semiya storied two significant turning points within her journey which included deciding to confront her parents about their handling of CSA, and becoming angry after being re-traumatised due to being objectified and humiliated at work:

> It was a real turning point of I don't want to be like this anymore; I don't want to go through this; I don't want to (.) allow sleepless nights to happen, when I want to people please and just be good enough for them. (Semiya)

Semiya storied these moments as a catalyst for finding her voice and re-defining her identity:

> I feel like I'm just not going to be quiet anymore. I have gone from this quiet, passive person to this disrupter, someone who is ready to disrupt my family dynamics whenever and take on risks. (Semiya)

Identifying with feminist ideology and drawing on feminist counter-narratives enabled Rachel and Hannah to transform shame-based narratives by de-personalising and understanding the socio-political context of sexual violence. Both women told multiple stories of how this enabled them to connect with righteous anger, engage with activism and find strength in a collective identity. Rachel narrative illustrates a clear distinction her past and present self, she narrates a transition from feeling powerless and objectified after multiple USE to embodying a strong and empowered identity and contributing to social change.

> Upon retrospect I have realised how bad those incidents were, and that doesn't make me feel any shame, in fact that empowers me now to be able to take the reins, stand up for myself, to do the kick boxing, be more assertive, to call out a man if he is doing anything, like what I did on the train. (Rachel)

Hannah initially minimised the USE, and did not initially classify herself with "survivors of rape", but was gradually able to validate her experiences by reading feminist literature. Attending a consent workshop, was a catalyst for symbolising the event as a USE, and was a co-currently re-shaming experience due to the presence of rape myths within the workshop which initially led to anger. Hannah transformed and processed these emotions into creative expression of writing a screenplay and activism which was a vehicle for narrative reconstruction.

> So I wrote a screen play to sort of argue [Laugh] that, erm, and say no it can happen with the person you know, or it can happen like in your own room. It's not just, AT A BAR someone's come up behind me, and I wanted to sort of (>) show that in argument [Laughs] against the university I suppose. (Hannah)

Other women told stories of becoming aware of unconscious mechanisms of avoidance and how they had distanced themselves from pain and shame following the USE. For Evelyn,

her turning point was narrated as hitting "rock bottom" following what Evelyn described as a period of "self-destructive behaviour" which involved taking substances and then receiving a low grade at university. Evelyn storied this catalyst as enabling her to connect with her personal strength and resilience:

> So I think that was an also a massive turning point, the fact that I knew that I wanted the degree more than anything. So even if it took pushing out of it and studying my arse off, which I did and end up getting a first that year. I think it was just pushing that through. And I think that was a massive thing to me going fuck like this self-destructive pattern. (Evelyn)

Amelia's story reflects her independence and self-sufficiency, as she narrates moving to the UK, as an adolescent without her family, as a "defining moment", contributing to her becoming increasingly aware of the harm of suppressing emotions and withdrawing from others. Moving was a catalyst for beginning to re-connect with and be curious about her pain rather than denying her emotions and reaching out to others for support. Amelia's narrative illustrated a process of working towards integration and meeting her suffering with self-compassion.

Women's personal stories aligned with narratives of courage, strength and perseverance during adversity which enables them to transform from a sense of feeling powerless to regaining agency within their lives.

The Unburdening of Shame in Emerging Adulthood

The end of women's narratives, were synonymous to trauma reclaiming narratives, situated within an early adulthood master narrative. Women shared stories of significant life events which were sources of authentic pride (i.e. education and career, balancing establishing independence with forming healthy relationships and pursuits of self-discovery) which enabled them to rebuild or construct a positive identity. These stories often illustrated how women were at a relative distance from their shame-bound past selves as women were able to integrate the USE into a broader life story.

Most women's narratives reflected a process of self-discovery, as they transitioned from feeling they had lost a part of themselves after the USE to beginning to feel more comfortable in who they were today. Kimberley was the oldest participant and her story following a quest narrative (Frank, 1995) and was illustrative of an integrated shame narrative, as she appeared to have processed shame and integrated her experience into her biographical narrative. Within the initial interview, Kimberley shared an uninterrupted narrative for over

forty minutes detailing events starting from the USE to the present day. Kimberley shared multiple turning points including; moving away from her home town, re-building her life in a new city, meeting her current partner, securing a job and buying her own home:

1 I wanted to live in *****
2 and finding this one bed house
3 that was my <u>home</u> was just incredible [Happy tone]
4 and then when **** moved in as well
5 knowing I had opened up to him
6 and he didn't run away
7 and he wanted to live with me.
8 Then when we brought this place
9 that was another moment of just looking
10 how far I had come from a scared sixteen year old
11 to having this house
12 that I'm currently sitting next to a kind of giant pile of carpet [Laughs]
13 but knowing I can just rip up the carpet
14 and put down new carpet and make it my own.
15 So, only <u>me</u> has touched me
16 and it's all mine
17 and all fresh
18 and having my own <u>life</u> here is pretty great.
19 I am proud of myself for doing that and overcoming a lot

Some women narrated ongoing struggles with their self-worth and described an active process of rebuilding their self-worth. Hannah's told multiple narratives which centred on healing her relationship with herself, moving from external validation to internal validation. Her stories were reflective of authentic pride and building her self-worth through being comfortable staying single, solo-travelling and finishing her university degree. Additionally, Hannah's narrative became increasingly coherent, containing less presence of the inner critic, and a lighter and happier tone of voice.

> I went and did lots of solo travelling which helped me to like myself and I think liking myself was a big step, to respecting who I have become, despite everything. Yeah, walking

> round the streets of Verona, eating cannoli on the evening of my birthday, and Verona was tiny, so it was just a lap of the city and then being able to go back to my accommodation but just walking around the colosseum and going I am in fucking Italy on my birthday on my own and it was a massive achievement! (…) I think it is just taking control and not having to rely on other people as well, that's probably a part of like not needing other people's validation (Hannah)

All women spoke about experiencing a sense of authentic pride within their career and academic achievements within early adulthood. These stories depicted a sense of growth and resilience in the face of adversity. Some women spoke about how they have transformed shame into purpose and wanted to use their experiences within their field of work. Jasmine described how she wanted to use her experiences to inform her work and how she has conversations with girls in the future.

> I think I would say actually that it has impacted my career choice because I want to be that for children and for adolescents that are going through that confusing stage of their lives it actually like makes me really proud of myself. It makes me really proud of that really scared fifteen year old, like if I could go back and say to younger me, this experience really, it like, it's so cliché, like this experience really is going to make you stronger (Jasmine)

A core feature within women's narratives was of reclaiming dignity. This occurred by rejecting external voices of others and society and privileging their own voice. This process enabled women to reframe the USE as separate from their identity and mobilise shame. This process illustrated a transition from silence and internalised oppression to empowered self-authorship. This enabled women to challenge internalised shame and regain control over the narrative. This process was illustrated within Amelia's narrative:

> But now I think, I don't even pay much mind as to what it could have been or how [pause], if it makes me lower as a person or higher. I don't think it defines who I am. I have tried as much as possible to separate my identity from that experience. Because I think you just have be way more, you have to see yourself way more than, however demeaning they may have seen you. At the end of the day, it is more towards how you see yourself, that will determine how you carry yourself in the world that we live in (Amelia)

Amelia narrates a discrepancy between her past and present self-narrative and displays resistance to internalised shame and oppression emanating from perpetrators and society. She

positioning herself as the author of her story and agency over her self-definition, which was reflected in her calm and authoritarian tone. Other women such as Kimberley also narrated the past from a more empowered position and stated the importance of being able to label and vocal her experiences to others after years of silence:

> Yeah. He raped me. Yeah, I can say that now. That it was rape; there was no consent. And that was not OK." It's kind of been quite freeing in a way. Since that realisation of what it was and it like, I mean that was three years ago, so it took eleven years for me to say it's it wasn't OK, and I didn't deserve it and it doesn't make me less of a woman. (Kimberley)

Kimberley's narrative portrays a gradual progression of confidence and strength. This is reflected in the increasing presence of authority and assertiveness within her voice. For example, within this extract "I" statements indicate ownership over her story, as she rejects imposed societal narratives of a damaged identity of being "less of a woman".

Similarly, Jessica resists being reduced to a single identity of "victim" or "survivor", perceiving it as a "stigmatised identity" and emphasises the importance of being seen as a "human being" and privileging other aspects of herself:

> I think there are plenty of qualities I have, strengths that I have, traits that I have that will be in common with other people before this one experience. Yeah, and I don't want this experience to define me as a person. (Jessica)

The rejection of a spoilt identity following a USE was important for reducing internalised shame within many women's stories.

Some women's narratives reflected the increasing presence of reassuring and self-compassionate voice which countered past or current internalised shame. Embedded within Rachel's narrative was therapeutic trauma and feminist discourse. This framework enabled her to respond to self-criticism of feeling "stupid" or "weak" to de-personalising and separating the experience from identity and understand shame and anxiety as "normal" responses to USE's:

> They didn't just do it to you because you have certain personal qualities, they were just doing it to me because they saw me as an easy target or because I was walking by myself↑ so I think understanding that what happened to me wasn't too personal (…) I had stopped pointing fingers at myself and self-flagellating, and that made me feel better because I was

> like yeah, ok, I can understand now, yeah I can understand why I had those feelings, yeah I can understand why I couldn't walk to school. (Rachel)

This countering compassionate voice was present throughout Rachel's narrative representing an ongoing process of self-compassion, mantra and a compassionate tone, creating an internal sense of safety. Some women also referred to holding compassion towards younger parts of themselves who were suffering, such as Jasmine:

> I'm not embarrassed about it happening anymore, like it happened and it shaped me in these ways that it shaped me. And like I am very much at <u>peace</u> with the fact that it happened and I just want to go back and give that fifteen year old girl a big hug [Laughs] (Jasmine)

Evelyn's narrative reflected an ongoing dialogical conflict between the voice of self-blame and compassion, and was structured around societal discourse of victim blaming. This was represented in the fragmented stream of consciousness below, and "what if questions". However, the end of her narrative was dominated by compassionate voice and resistance to victim blaming narrative:

1 Erm, getting over this guilt and shame
2 and there are still sometimes now where I do think,
3 a lot less, a lot less.
4 But I do have the thought,
5 of like could I have changed that?
6 Could I have done some differently to alter that situation?
7 Erm, like what if I had have met that person?
8 What if I hadn't of met that person?
9 What if I wouldn't have invited that person that night?
10 What if I hadn't have done this, or done that?
11 And there are so many what if's,
12 erm, surrounding both incidents that I have dealt with for so long.
13 Erm, I think that was another thing that was really <u>consuming</u> but at the same time what if's are next to nothing now.
14 It's not something that I generally think about.
15 Ermm, because it doesn't matter.
16 I don't feel like it matters anymore.
17 It doesn't feel like a big part of me.

However, women were at different stages within their healing journeys, and most women acknowledged a vulnerable part of themselves that still carried shame from the experience. The lasting impact was diverse depending on women lived experience but was predominantly underpinned by gendered shame, including body, sexual shame, intimacy and relational safety with men (Dolezal, 2015). Kimberley shared that the lasting impact for her was related to body image, sex drive, and how shame was activated within conversations about sex.

> Not really. No, apart from like how I view myself. Like how I view [mumbles] - what I see when I look in the mirror. I do feel like I do have some sort of dysmorphia there. 'Cuz I know I'm not huge, (.) but I do over - I look, I wear baggy clothes without trying - I've, yeah, - it's some things I can see where I am more self-conscious than other things but yeah (Kimberley)

Similarly, Rachel narrated shame as not encompassing the "whole self" but described the lasting impact of shame anxiety, which occur within the context of anticipating external shaming of being sexualised by others which contributes to ongoing self-consciousness.

> The anxiety is situational now, it's not something that's chronic, umm the anxiety about the sexual assault. Sorry. In other, there is other situations, I get anxious about sexual assault and harassment, walking past a group of school boys, even now, it does make me feel a bit sick, because I am always worried that they are going to say something, because that was something - that had happened to me when I was like fourteen. And I think my brain is obviously still stuck in the mode. (Rachel)

Overall, women's stories reflected a narrative reclaiming process that enabled them to reframe their experiences and reclaim ownership of their stories. This appeared to occur by integrating new experiences into their self-narrative, deconstructing gender narratives and constructing new meaning to the question "why me?". This resulted in a more integrated identity less dominated by shame. These new narratives supported women to be able to visualise a hopeful future.

Discussion

Chapter Summary

This chapter will contextualise the research findings in relation to existing theory and empirical literature, and offer new insights for understanding shame within young adult women's narratives of USE. Clinical and policy applications and implications will be outlined, in addition to suggestions for future research. Critical reflexivity will be discussed in addition to the strengths and limitations of the research.

Statement of Findings

Women began their stories by narrating how shame became intertwined with their identities within childhood and adolescence and how they struggled with internalised shame, guilt and self-blame emanating from wider societal narratives. Narratives related to the immediate impact followed, as women storied coping with hidden feelings of pain and shame, including silence, isolation, withdrawal and decisions not to tell others. Women also shared stories of how shame was exacerbated by others actual or perceived responses including silence, stigma and judgement from others. The middle of women's testimonies was characterised by transitions and turning points, narrated against an emerging adulthood master narrative, such as navigating shame within intimate relationships, moving home or country and experiences of education and employment. Women narrated multiple turning points that were significant for transforming shame this included being vulnerable and speaking to others and receiving compassion and acceptance. In addition to, pivot moments that led women to confront shame and the unconscious way they had protected themselves. Commonly, women moved through shame through connecting with personal power, agency and expressing previously suppressed anger. Lastly women, spoke about rebuilding self-worth through integrating experiences of authentic pride, establishing healthy relationships, and developing new narratives that contained self-acceptance and compassion. A process of reclaiming dignity was evident within a lot of women's narratives as they rejected and externalised shame. Towards the end of each narrative, there was a retrospective reflection on the impact of the USE. Nearly all women's stories reflected the lasting pain of chronic shame, their stories remained unfinished as each life stage there was anticipated new challenges, and some women narratives contained foreshadowing about future chapters of their lives.

The research findings revealed differences within structural features and linguistic devices of women's shame-based trauma narratives, which has been conceptualised as narratives of fragmentation, disconnection and integrated shame. The structural typologies are

presented on a continuum which is considered to reflect the degree of presence and conscious awareness of shame within women's testimonies. The structural typologies had distinctive features that may represent women's distinct attempts to avoid, manage and regulate shame within narrative storytelling. Each typology will be considered in turn, with considerations of clinical relevance and application.

Theoretical and Conceptual Contributions

Traumatic Feminine Shame

Consistent with feminist theories, shame appeared to be rooted in gender powered power relations and comparisons against dominant cultural narratives and stereotypes (i.e. purity culture, feminine gender norms and rape myths) contributing to internalised perceived deviations from femininity and assumptions of personal responsibility (Burt, 1980; Weiss, 2010). Many women narrated the USE as a biographical disruption to their identity and a shattering of childhood innocence. Internalised shame also arose from traumatic sexualisation and sexual objectification (Finkelhor & Brown, 1985; Fredrickson & Roberts, 1997), as being violated and objectified at a developmental vulnerable age led to feelings associated with contamination and distortion in one's self-image (Finkelhor & Brown, 1985). This also aligns with Ferenczi (1988) theory of identification with the aggressor, as women survivors of USE appeared to internalise the perpetrator's perspective, often attributing blame or responsibility to themselves and experienced a contaminated self-image.

Women's narratives were illustrative of dominant cultural narratives of purity culture, represented within women's shame-based narratives of being 'dirty', 'damaged goods' or 'unlovable' which is reflective of interpreting the USE as ruining their moral worth (Phillips, 2000; Weiss, 2010). The findings also illustrate the influence of women's socio-cultural context on women's constructions of shame-based narratives. For example, both Amelia and Semiya described growing up in communities which strongly endorse patriarchal ideology, and their shame-based narratives were more closely tied to purity or women's social status (Ali et al., 2021; Fontes & Plummer, 2010).

For many women's internalised shame and self-blame appeared to stem from internalised rape myths and stereotypes including; victim blaming narratives and perceived deviations from 'real rape' or narratives of the 'ideal victim' (Burt, 1980; Christie, 1986; Taylor, 2020). Rape myths related to victim, perpetrator and the situation were present within women's narratives that were either internalised or enforced by others including perpetrators, family members, or people in positions of authority such as teachers and police officers. This

included sexual assault doesn't count if you are in a relationship (Kimberley, Evelyn), men cannot control their sexual urges (Rachel), it's not sexual assault if you don't resist (Jessica) are intoxicated (Evelyn) or invite a boy into your personal space (Hannah) (Burt, 1990; Taylor, 2020). Women's stories illustrate how rape myths were internalised and were evident in the way women told their stories articulating confusion, self-doubt, internalised blame and responsibility immediately following the USE. For some women, interpreting their experiences through the lens of rape myths led them to minimise their experiences and not initially recognise the incident as a USE, and contributed to shame and self-blame. This finding is in line with existing research which suggests that adolescents often experience confusion and have difficulty attributing meaning to the event and that higher levels of internalising symptoms (i.e. depression) was associated with higher levels of self-blame six years post disclosure (Feiring et al., 2009b).

Women's shame narratives were illustrative of the 'attack self' shame regulation strategy, which occurs when shame is accepted as valid and anger is re-directed towards the self (Nathanson, 1994). This supports existing research which found the attack self shame defence was present within young adults' disclosure narratives in the form of negative self-evaluation and internalised responsibility (McElvaney et al., 2022). However, the current research builds upon existing theory by understanding internalised shame and shame defences as gendered and arising within the context of internalised misogyny and oppression (Barkty, 1990; Evteeva et al., 2024, Ullman, 2025).

Most women's narratives were illustrative of chronic shame, with variations in explicit and implicit shame, as following the USE the whole self was viewed as defective, leading to a pervasive sense of worthlessness that impacted their relationships and lives into early adulthood (DeYoung, 2015; Dolezal, 2022b). This finding is supported by existing research which has found that CSA contributes to negative self-concept mediated by shame and self-blame (Feiring et al., 1996; Feiring et al., 2007; Melamed et al., 2024) which often persists into early adulthood (Feiring et al., 2009).

Retreating for Self-Protection

Shame featured within women's narratives not only as an internalised sense of unworthiness and defectiveness, but also as profound disconnection from themselves and others. Women told early stories of 'retreating for self-protection', as they withdrew from their relationships, social worlds, and distanced themselves from their internal pain. Some women described feeling different to others within adolescence compounding social isolation. These

findings are consistent with current research which suggests women experiences a sense of discontinuity from themselves and others, and experiential avoidance, withdrawal and dissociation in response to internalised shame (Saha et al., 2011; Phillip & Daniluk, 2004; Vilencia et al., 2011). Responses to USE were often shaped by cultural gendered norms and consisted of internalising responses such as self-silencing, 'people-pleasing', emotional suppression, withdrawal and self-harm. The further results illustrate 'a paradox of shame' and imagery of women becoming trapped within a bind (Brown, 2006), seeking connection but self-silencing and withdrawing from others to prevent further harm, retaliation or judgement.

The findings within this theme will now be considered within the context of emerging theories on shame-based trauma responses with specific considerations to gendered trauma responses to sexual violence. Fear has been prioritised as core underlying emotion within trauma theory, research and interventions (Budden, 2009). However, recently, theorists have come to understand the significance of shame within interpersonal harm (such as sexual violence) and as a central affect underpinning range of responses conceptualised under PTSD and complex PTSD (Budden, 2009; Herman, 2011; Labash & Papa, 2014; Rahm et al., 2013; Taylor, 2015). This research adds to existing literature on shame and trauma responses, but understanding gendered aspects of trauma responses. Most women described periods of emotional numbing, denial and dissociation and distancing from their pain and shame, whilst carrying on as 'normal' (Vilencia et al., 2013). Higher levels of shame-proneness were associated with higher levels of dissociation, in women with sexual abuse histories (Talbot et al., 2004). Feminism scholars propose that dissociation is a response to cultural silencing, as women are conditioned to suppress their emotions, which disrupts identity formation and healing (Howard et al, 2023). Hypervigilance was narrated within some women's narratives as a sense of vulnerability in response to the 'male gaze' and context of fear of sexualisation, objectification and violence. It is crucial for researchers to continue to seek to understand the role of gendered shame within interpersonal trauma.

Systemic Shame Wounds

The theme 'systemic shame wounds' captures how internalised shame is generated by social stigma and dominant cultural narratives (i.e. rape myths and victim blaming) and enacted within interpersonal dynamics contributing to silencing of women's narratives and repeated shame injuries. This is in line with current theory which suggest that internalised stigma occurs due to broader societal messages within society that is internalised by survivors (Kennedy & Prock, 2018). Additionally, anticipatory stigma is another factor which is considered to

contribute to silencing (Kennedy & Prock, 2018). This was supported within this research as some women anticipated judgement which silenced them for many years. Feminist theories propose that silencing can occur through 'testimonial smothering' which is self-silencing due to the as consequences of disclosure (self-silencing) or 'testimonial quieting' (Howard et al., 2023).

When some women did disclose, they received blaming or shaming responses from others (i.e. families, perpetrators and institutions) which were often shaped by wider narratives of victim blaming. Cross-culturally many women's narratives reflected the imposition of personal responsibility by others, but the results also revealed how shame, stigma and oppression was shaped by women's intersecting social identities related to gender, culture, ethnicity and religion, which is in line with existing research (Alaggia & Kirshenbaum, 2005; Fontes & Plummer, 2010). For some women, patriarchal cultural norms embedded within family dynamics were found to prevent disclosure and reinforce silencing contributing to shame. Semiya's narrative revealed that shame was tied to family honour, expectations for women to conform to purity and modesty ideals and imposed responsibility for preventing sexual harm. An additional factor contributing to shame was stigma surrounding difficulties with mental health, which further compounded pressure to remain silent to protect the family honour. Research with women from South Asian communities has found similar results, in which silence was enforced within families to maintain family image and honour (Alaggia & Kirshenbaum, 2005; Gilligan & Akhtar, 2006; Singh et al., 2010).

Many women within this study also decided not to disclose to the police due to a lack of faith in the criminal justice system and fears of being blamed and not believed. Women's concerns are reflected within prosecution rates for CSA, as only 12% of cases result in a perpetrator being convicted or summoned to court (Kewley & Karsna, 2025), with 60% of cases closed due to lack of material evidence and legal systems not wanting to rely on victim's accounts alone (Kewley & Karsna, 2025). These reasons for non-disclosure are reflected within empirical research with survivors of sexual assault which highlighted several barriers to disclosure to the police including; a lack of faith in the criminal justice system, concerns about a lack of evidence, fearing re-traumatisation within reporting and legal processes, and concerns about not fitting 'real rape' stereotype and therefore fearing victim blaming and internalised shame and self-blame resulting from rape myths (Stewart et al., 2024). The findings of this study, also identified direct iatrogenic harm occurring from police investigations, including direct victim blaming and lack of communication regarding court proceedings, in line with research with found victim blaming occurs within the police interviews (Greenson et al., 2015).

For some women, shame and fear of judgement impeded progress within therapy, as it prevented them from being able to discuss USE within a therapeutic context. Similarly, other studies have found that the withdrawal shame regulation strategy was the strongest predictor of less effective therapeutic alliance (Black et al., 2013). The findings indicate it may be helpful for clinicians to ask directly about USE or hold in mind that clients may be holding back information due to shame. However, research has found that clinicians may be reluctant to ask about sexual violence due to fear of causing distress, lack of training, or their own shame (Lee, 2007; Sanderson, 2015). The, results suggest that it important that therapists are able to identify and confront their own shame, as 'unacknowledged shame' may perpetuate shame avoidance (Sanderson, 2015). The findings also suggest that shame can remain hidden within clinical presentations, as it binds with other emotions such as anxiety, making it difficult to detect for both the client and the therapist (Dolezal, 2022). Lewis (1971) noticed a similar phenomenon of shame being hidden within therapy and termed this 'unacknowledged shame'. Therefore, it is important that clinicians develop 'shame competence' to recognise shame markers across clinical presentations.

Navigating Relational Proximity

A significant feature of most women's narratives was a deep sense of feeling unworthy of love and connection which impacted intimate relationships within adolescence and early adulthood. The findings were consistent with emerging adulthood theory, as many women storied a period of exploration of intimate and romantic relationships (Arnett, 2000). However, women spoke about how sexual and romantic development was disrupted by USE and internalised shame. Current empirical research suggests that CSA survivors are more likely to develop an insecure attachment pattern (Mokokwe et al., 2022), and shame can contribute to difficulties within intimate relationships with early adulthood (Feiring et al., 2009). Women narrated diverse ways that shame arose and was navigated within intimate relationships including; the avoidance of sexual intimacy, sexual risk taking, self-sacrificing, difficulties with asserting boundaries and the fear of judgement from partners. Empirical CSA research suggest that shame can lead to a disrupted sexual self-concept, difficulties with asserting boundaries and establishing emotional and sexual intimacy (Guyon et al., 2024; Hitter et al., 2017; Pulverson & Meston, 2020). The findings of this study were consistent with previous research, but adds to existing literature by understanding the diversity of ways internalise shame can arise and occur within intimate relationships within adolescence and emerging adulthood.

Some women narratives were indicative of continued harm and objectification by men and self-objectification, as they attributed their worth to sex, and felt they had to meet their partners sexual needs to be worthy of love or to avoid an argument. This aligns with sexual objectification theory which proposes that traumatic sexualisation can contribute to women viewing themselves and their bodies as sexual objects for male gratification (Evteeva et al., 2024; Fredrickson & Roberts 1997). This finding is consistent with current empirical literature which found that self-objectification and disrupted body boundaries meditated the link between child maltreatment and shame (Talmon & Ginzburg, 2017). Guyon et al. (2024) found that CSA can contribute to avoidance of sexual intimacy for protection against vulnerability, or lead to self-objectification and sexual compliance to feel worthy or connected to others. The current research expands existing research by understanding these relational patterns within the context of navigating chronic shame (DeYoung, 2015).

The findings are somewhat consistent with the idea that shame and disruption in self-concept can contribute to difficulties forming intimate connections within early adulthood (Arnett, 2000; Robinson, 2015). However, many women described increasing awareness of these relational patterns of avoidance, withdrawal or compliance (Nathanson, 1994) Although, there was diversity across the sample, as some women continue to struggle with shame in the context of relationships, whereas others described being in consistent, stable and loving relationships in emerging adulthood. This suggests that new positive relational experiences can reduce shame and contribute to re-working of internal models of attachment.

Mobilisation of Shame within Emerging Adulthood

Three themes were present within women's narratives which contributed to the mobilisation of shame within emerging adulthood including; mirrored compassion, the path to self-reclamation and the unburdening of shame in emerging adulthood. Women's stories illustrated a gradual transition from disconnection, powerlessness and silence to establishing relational safety, the development of autonomy and acts of resistance, re-integration and the de-construction of shame-based narratives.

Mirrored Compassion

Many women described the significance of breaking through silence and disclosing the USE to a significant other (i.e. friend, family, partner or therapist), and experiencing their containing physical presence, empathetic attunement and compassion. Women's stories illustrated the heaviness of carrying shame in isolation, and how when shame is shared and acknowledged it can be integrated (DeYoung, 2015; Orange, 2008). This finding is consistent

with psychoanalytic and relational theories of shame, which suggest acute shame experiences can contribute to disintegration and fragmentation and how moments of connection can repair and regulate shame states (DeYoung, 2015). Furthermore, women described the internalisation of caring other's perspective as important for de-constructing shame based narratives and beginning to develop alternative narratives about the self. This finding is consistent with narrative theory and the idea that 'outsider witnessing' and internalisation of others perspectives can strengthen alternative stories about the self (White & Epston, 1990). This finding also aligns with existing CSA models of healing and the systematic review theme of 'relational witnessing and visibility', which identified supportive responses to disclose as important turning points (Chouliara et al., 2014; Draucker et al., 2011), and central for challenging shame-based beliefs about the self (Saha et al., 2011; Vilencia et al., 2013). Additionally, the findings illustrate that sharing stories with other women creates a sense of solidarity reducing isolation. This is supported by current theory that suggests sharing with other women can reduce or alleviate shame (Arias & Johnson, 2013; Phillip & Daniluk, 2004; Saha et al., 2011; Vilencia et al., 2013).

The Path of Self-Reclamation

The theme of the path of self-reclamation captures the psycho-social process contributing to a growing awareness of shame regulation strategies (Nathanson, 1994) and the reintegration of previously disowned parts of the self. Many women narrated significant turning points within emerging adulthood that were catalyst for self-awareness, which often arose from re-experiencing interpersonal harm or a re-shaming experience. Within these moments, rather than internalising shame women connected with righteous anger, and interpersonal and political acts of resistance. This included leaving harmful relationships, allowing themselves to feel anger towards boundary violations and injustices, resistance to self-destructive patterns or emotional suppression and contribute to social change through challenging institutions and male harm. These life events were significant as women displayed resistance to female oppression and gender norms of submission and re-connected with their needs, voice and personal power (Ullman, 2025). These findings are consistent with psychoanalytic, trauma and feminist theories, which state that the re-integration of previously disowned anger and reclaiming power is an important stage of healing (DeYoung, 2019; Egan, 2020; Herman, 2015). The finding is also relevant in the context of emerging adulthood theory which posits that young adults experience a growing sense of autonomy, and begin to develop their own values and belief systems (Arnett, 2000). The findings indicate that for women survivors, the

development of autonomy, may be structured around relinquishing social conditioning of female submission, and connecting with assertiveness and self-advocacy (Ullman, 2025). For two women survivors of USE drawing on feminist counter narratives offered a framework for challenging internalised shame, and may also be a reflection of increasing generational awareness of feminist narratives ignited by #Metoo movement (Mendes et al., 2019). This is consistent with current research which suggest development of feminist beliefs enables women to challenge shame and self-blame following CSA (Gefter et al., 2013; Pollino, 2023).

The Unburdening of Shame within Emerging Adulthood

All women's testimonies followed a narrative arc towards healing and the unburdening of USE related shame within early adulthood. Developmental theories describe emerging adulthood as a period of continued identity exploration and self-authorship (Arnett, 2000; McAdams & McLean, 2013; Robinson, 2015). The findings illustrate that this was a critical developmental period for women as the integration of positive experiences relative to this age range (i.e. increasing autonomy, moving home, travelling, establishing new intimate relationships, and pursuit of careers), were foundational in the re-working of shame-based narratives. McAdams & McLean (2013) proposes that young adults become the authors of their own lives within emerging adulthood, as this is the first opportunity to organise and create meaning from their experiences and develop an autobiographical self by connecting past, present and future selves. This process was evident towards the end of women narratives, as women returned to earlier stories or make reference to their younger self and retrospectively reflected on transition from scared younger versions of themselves to their current adult selves, who could reflect on their journey with a sense of authentic pride, self-compassion and dignity. Current research provides evidence which suggests that self-compassion can contribute to reduction in shame following CSA, and contributes to the reduction of trauma-related shame (Blankenship & Hogge, 2025; McLean et al., 2022; Westerman et al., 2020). The findings provide further support for this as there was an increasing presence of self-compassion to counter women's shaming voice towards the end of their narratives.

In relation to feminist theories, the unburdening shame and re-authoring narratives involved a process of resistance and challenging of rape myths, victim blaming and gendered shame. This enabled women to be able to externalise the internalised voices of others and society, separate shame from their core sense of self, reclaim dignity and be the author of their own stories. This finding is consistent with current research which suggest self-blame begins to decline within early adulthood (Feiring et al., 2007). The current research expands on this

by illustrating the processes which may reduce internalise shame and self-blame. These findings add to existing research by suggesting that emerging adulthood may be significant time of self-authorship, due to integration of new positive experiences, an increase in autonomy and belief systems which enable the unburdening of shame from the core of the self (Arnett, 2000; McAdams & McLean, 2013). However, whilst many women's identity became less shame bound, many acknowledged the enduring impact of shame including persistent gendered shame related to the body and difficulties with sexual and romantic intimacy within early adulthood.

Shame-based Trauma Narratives

There has been extensive research on the presence and influence of PTSD symptoms on the content and structure of trauma narratives (Jaeger et al., 2014; O'Kearney & Perrott, 2006). However, less attention has been given to the presence of shame within shame-based trauma narratives. The research has identified three structural types (i.e. fragmented, disconnection and integrated shame narratives), which appear to reflect the complex interplay between trauma, shame and broader socio-cultural and political context (i.e. gender norms and patriarchal ideology), which impacts shame processing and how shame is navigated within the re-telling of stories. The structural types of fragmentation and disconnection reflect elements of the chaos narrative, including non-linear storytelling, and how an individual grapples with meaning following a traumatic event (Frank, 1995). Chaos narratives are described as difficult to hear as they do not conform to traditional narrative storytelling and cultural expectations of coherence and resolution (Holloway & Jefferson, 2012; Reavey, 2010; Woodiwiss). Women's narratives provide authentic insights into their internal worlds which mirrors the non-linear journey of healing from sexual trauma.

Narratives of Fragmentation

Some women's stories were classified as narratives of fragmentation, and illustrated a conflict between the self and inner critic which at times fragmented the internal structure and temporal coherence of the narrative. The 'inner critic' appeared to consist of internalised narratives of gendered shaming and victim blaming from others and society. This structural typology appeared to represent an attack-self shame defence in the form of self-criticism (Nathanson, 1994). Theorists have proposed that self-criticism and self-blame is often linked to power dynamics (Gilbert & Irons, 2005), and serve many functions, namely feeling more in control by attributing blame to the self, controlling external shame by shaming the self, and re-directing anger towards the self when expressing anger may be dangerous or lead to further

threat (Gilbert & Woodyatt, 2017). Fragmented narratives may be indicative of psychological embodiment of structural oppression and may be a by-product of living within a hostile social environment that invalidates, blames and delegitimises women's experiences. Women's narratives were reflective of women's struggle to initially reconcile their experiences with cultural scripts of purity, rape myths and victim blaming, and provides some evidence for the impact of shame on difficulties in creating a coherent narrative and the processing of traumatic events. Women would oscillate between overt acknowledgement of shame, suggesting that shame was in conscious awareness and fragmented speech may be indicative or overt and undifferentiated shame within the context of the interview (Lewis, 1971). These results are in alignment with a feminist study on trauma narratives which identified the presence of hedging, minimisation and self-blame within trauma narratives (Brown, 2013). This illuminated the presence of self-surveillance and difficulty in speaking due to concerns of negative social responses and cultural frameworks (Brown, 2013).

Narrative of Disconnection

Other women's stories were conceptualised as narratives of disconnection, due to illustrating thematic and structural themes of intrapsychic and interpersonal distancing perhaps serving the function of regulating shame. Within these narratives, there was a stronger presence of a narrator voice, with less variation in prosody and a slightly flat emotional tone which may indicate emotional distancing when recounting events. There were noticeably less presence of an interruptive critical voice and less naming of shame which may indicate that shame is less close to the surface (DeYoung, 2015; Lewis, 1971). Disconnected narrative storytelling may serve an unconscious protective function of avoiding direct engagement with shame or emotional vulnerability, and may be indicative of withdrawal or avoidance shame regulation strategy (Nathanson, 1994). Additionally, women's narratives may be reflective of societal context that enforces responsibility and blame and questions women's credibility leading women to anticipate judgement, disbelief or harm preventing disclosure and perhaps contributing to emotional suppression. Therefore, the withdrawal and silence evident within these narratives of disconnection may reflect not only individual survival or shame-regulation strategies but also the influence of wider gendered power dynamics that discourage women from openly articulating experiences of sexual violence.

Narratives of Integrated Shame

Within 'narratives of integrated shame', women's stories had a clearer chronological structure, less variation within prosody and rate of speech, and a balance between narrating

events and the evaluation of thoughts and feelings. Although, shame is not completely eradicated, it is acknowledged, and contextualised as a normal response to trauma and a product of societal narratives separated from women's inherent self-worth. Women retrospectively reflected on the impact of shame, and evidenced a process of actively re-shaping meaning about their experiences; influenced by life experiences and drawing on narratives of healing and feminism. Women appeared to shift from a shame-bound self and storied how they gradually moved through shame and how it has less influence on identity, their behaviour and lives. While this was present in all women's end narratives, perhaps showing a narrative arc towards coherence and healing. They were only consistently present within two women's narratives suggesting some variation across the sample and an important illustration of differences which is perhaps indicative of variation in abuse and the age of the time of abuse. This may have important implications for coherence as something that can be developed through support but also reveals underlying individual differences. Women whose narratives consistently displayed coherence; received more social support from parents, less external shaming from others, had disclosed to their partners and described being in long term supportive relationships. Narrative coherence is proposed to be indicative of greater event integration and continuity in narrative identity, and an indicator of psychological health (McAdam & McLean, 2013).

Overall, these structural types build upon current existing knowledge and theory by illustrating gendered aspects of shame regulation, and the impact of shame on women's testimonies of USE. McElvaney et al. (2022) have previously identified the presence of self-blame and avoidance as shame regulation strategies within young adult's disclosure narratives. DeYoung (2015) identified impact of chronic shame on narrative storytelling; as contributing to fragmentation and disconnection, however the current results build on existing theory by illustrating how oppressive power structures (i.e. patriarchal ideology) influence narrative storytelling.

Clinical, Service and Policy Implications

Gender and Shame Sensitive Practice

Recently published guidelines for 'shame sensitive practice' provides recommendations for acknowledging shame, avoiding shaming and addressing shame at an interpersonal, organisational and policy level (Dolezal and Gibson, 2022). These guidelines will be further contextualised here in relation to supporting women survivors of USE. This will include how shame sensitive practices can be utilised to meet the needs of women and offer culturally informed care (Ali et al., 2021; Dolezal & Gibson, 2022; Nadeem et al., 2020).

Recommendations for Clinical Practice

The findings illustrated how shame is reinforced or alleviated within the presence of others, which has importance implications for therapeutic practice. Clinicians can aim to cultivate a 'shame sensitive' environment through affective attunement, a non-judgement stance, and addressing power imbalances through collaboration and centring women as the expert of their experiences (DeYoung, 2015; Pemberton & Loeb, 2020). Additionally, the power threat meaning framework may be a useful non-pathologising framework to externalise shame by placing women's experiences in the socio-political context (Johnstone & Boyle, 2018).

Shame prevented some women from disclosing during therapy, and both women shared that the therapist did not directly ask about USE. This finding is supported by empirical research which suggests clients hide shameful topics to avoid rejection, judgement or emotional pain (Dearing & Tangney, 2011). Therefore, given these findings and the prevalence of CSA within female populations, clinicians should be encouraged to gently enquire about USE. This in line with The British Psychological Society (BPS) guidelines which state that practitioners should ask about CSA within a standard psycho-social assessment (Rouf & Waites, 2023).

Shame was hidden within therapeutic interactions by binding with other emotions, making a client's core pain inaccessible to both the client and clinician (Dolezal, 2022a; Lewis, 1971). Shame enactments can occur in therapeutic spaces, and therefore supervision processes should incorporate reflection of shame based dynamics within therapy (Friel, 2016; Sanderson, 2015). Dolezal & Gibson (2022) highlight the importance of formulation in understanding a client's idiosyncratic experiences and expressions of shame. Therefore, the findings may support clinicians to recognise psycho-social and linguistic indications of shame within populations of female survivors of USE. Practitioners are encouraged to be sensitive to shame in speech and narrative structure by using the structural types (i.e. fragmentation, disconnection, and integrated shame) as listening devices. This may support clinicians to identify women's shame regulation strategies, the degree of conscious awareness and narrative integration. Interventions can then be tailored to women's unique expressions of shame and their readiness to engage with shame. For example, for fragmented and overtly self-critical narratives women may benefit from directly challenging shame and enhancing self-compassion. Whereas, for disconnected narratives women may benefit from gentle encouragement to connect with suppressed emotions or avoided parts of their narrative.

Recommendations for Therapeutic Interventions

Feminist scholars argue the importance of integrating feminist principles into trauma therapies to understand 'the social context of women's distress' (Moor 2009; 2007). Moor (2007) proposes that the impact of sexual violence is a "severe assault on survivor's sense of self", rooted in patriarchal oppression, compounded by societal narratives rape myths, and is one of the only traumas where the victim is ostracised and blamed. Moor & Farchi (2011) argue that generic trauma therapies focus on reducing fear based trauma responses rather than women's persistent self devaluation which remains largely unaddressed.

Narrative therapy can support women to identify and deconstruct internalised shame narratives by locating their experience in wider social context of gender norms, victim blaming and intersecting forms of discrimination and oppression based on their social identities (Miller et al, 2007). Additionally, narrative therapy can mobilise shame by re-authoring of alternative stories of connection, agency and dignity and strengthen preferred identities (Gómez et al., 2020; White & Epston, 1990). Compassion focused therapy (CFT) can support women to recognise and address critical inner dialogue and develop a self-compassion through embodied and experiential exercises (Joseph & Bance, 2019; Westerman et al., 2020). Given the presence of implicit shame within narratives, internal family systems (IFS) could enable women to gradually connect with ashamed disowned parts (exiles), and develop a compassionate understanding of the adaptive roles of implicit shame management responses (firefighters and protectors), and strengthen their core sense of self to build shame resilience (Schwartz, 2021; Sweezy, 2023). Trauma-focused interventions such as trauma-focused CBT can support women to process traumatic memories, challenge internalised shame and enhance narrative coherence and integration (Holtzhausen et al, 2016). Although, there may be limitations to cognitive therapies, due to the embodied nature of shame, or difficulties for women in articulating their experiences therefore body orientated approaches such as EMDR, sensorimotor psychotherapy and trauma-informed yoga, may be helpful for survivors to process shame at a somatic level (Edmond & Rubin, 2004; Ogden et al., 2006). Group interventions such as peer led support groups may reduce shame through reciprocal empathy and connection reducing the isolating and silencing effects of shame (Konya et al., 2025; Westerman, 2020).

Some women's narratives illustrated how patriarchal ideology and gender norms operate and contributes to intergenerational shaming within families' systems. Systematic family therapy can support families to deconstruct gendered cultural narratives and communication patterns that increase shame (i.e. silence, secrecy and blame), and foster

communication and strengthen emotional bonds (Blumer et al., 2013). Couples therapy could also explore the impact of shame on trust difficulties, fear of judgement and emotional and sexual intimacy (Johnson et al., 2019). Psychological interventions should also be culturally sensitive as women's experiences of shame are shaped by their social identities. This includes integrating women's culture, religious and ethnicity into psychological formations and exploring their relationship with dominant cultural narratives (Ali et al., 2021; Schouler-Ocak et al., 2015).

Service and Policy Recommendations

Women's stories illustrated that shame and the anticipation of blame or re-traumatisation were significant barriers to accessing support. Most women did not access immediate support, disclose to the police or access therapy for many years. Several recommendations may help to build survivors confidence to access services; including increasing accessible service routes, professional's assertive engagement within local communities, staff training within cultural competence and shame sensitive practices and implementation of survivor centred policies. To address the needs of women all organisations should implement shame sensitive practice policies and all frontline workers (i.e. GP's, teachers, police officers, social workers, and clinicians) could benefit from training in supporting women survivors of USE (Dolezal and Gibson, 2022). Organisations should implement a survivor-centred policy and these principles could be incorporated into staff training.

Shame sensitive principles could include ensuring processes are transparent and agency affirming and women's views are respected in regards to decisions and service involvement (Ali et al., 2021; Dolezal & Gibson, 2022). Additionally, organisations should, where possible, consider women's preferences for gender and ethnicity of the professionals involved in their care (Dolezal & Gibson, 2022). Research shows women from BME communities, may have preferences for professional cultural similarity, however, being seen by a member of the same religious of ethnic community can also be shame inducing due to stigma (Sawrikar, 2017). Organisations should also provide cultural competency training to build awareness of significance of women's socio-cultural background in shaping their experiences, including the possible cultural stigma surrounding mental health or seeking support from services (Ali et al., 2021). For example, the experience of one woman within this study and current research indicates the pressure to remain silent or managing difficulties

within the family system to preserve honour within South Asian communities (Ali et al., 2021; Gilligan & Aktar, 2006; Gill & Harrison, 2019).

The findings illustrate the importance of professionals being aware of implicit shame responses and should be formulation driven in understanding women's possible reluctant to disclose or ambivalence about seeking help. Services should aim to be pro-active in enhancing accessibility to services, such as maintaining flexibility around appointments and discharge policies. Accessibility to services may also be improved through offering a range of support and interventions such as anonymous support via online platforms and survivor-led peer support groups. In addition, assertive engagement within educational institutions, attendance at cultural community networks may reduce structural barriers to accessing services (Sawrikar & Katz, 2017). Global majority girls and women face additional barriers to accessing support services often due to stigma within their families and communities, and distrust in legal systems (Ali et al., 2021). Therefore, professionals should seek to build relationships with grass root organisations and local communities to facilitate conversations around barriers and to understand how best to support women within marginalised communities.

Interactions with professionals and services can mimic power dynamics of the original trauma and have the potential to be re-traumatising, disempowering or shaming (Sweeney et al., 2016; 2019; Wu & Salter, 2025) as illustrated by some women within the study. The findings indicate the need for continued improvement within legal institutions to prevent re-traumatisation or shaming within investigative processes. Women described direct victim blaming and a lack of continuity in care from the police within their narratives. Therefore, legal institutions should incorporate shame sensitive practice into policies and training, this could include reflective workshops on socio-political context of women's distress, the presence and influence of rape myths and victim blaming and how this contributes to stereotyping and shaming survivors. In addition, criminal justice professionals would benefit from training in using non-victim blaming or shaming language when conducting interviews with survivors. Additionally, organisational policies should enforce shame sensitive practice, including regulations and processes to tackle systemic misogyny and ensure continuity of care through ensuring direct communication with survivors regarding outcomes of investigative processes. Legal and judicial systems seek a coherent narrative, and is sometimes the measure of what's deemed a 'credible testimony' (Roeder, 2015; Wallace, 2021). The structural types identified within this research can be used to challenge the idea of what's considered a credible testimony, ensuring that omissions, fragmentation, self-doubt and blame are not used to undermine

women's credibility, but may be indicative of internalised shame and social context that make it difficult for women to speak about sexual violence (Brown, 2013; Howard et al., 2023).

Interdisciplinary Recommendations

Policy frameworks such as the Tackling Violence against Women and Girls Strategy (2019), global public awareness campaigns (i.e. #MeToo, Time's Up) and publicised legal cases, have contributed to challenging collective shaming and silencing of women (Bergoffen, 2018; Strauss Swanson & Szymanski, 2020). However, despite recent advances, some women described being fearful of being blamed, and had a general distrust and apathy towards the current legal system which prevented disclosure. This indicates the continued need for collective and community based responses for dismantling of structures which maintain gender inequality and violence against women.

A Clinical Psychologist's role is imperative in understanding social determinants that contribute to psychological distress, and have an important role in political engagement, community action and social justice projects (Bostock et al., 2023). Psychologists should engage in advocacy work and research to disseminating knowledge, to dismantle oppressive structures and societal attitudes towards women, and work towards strengthening policies and laws. This could include encouraging the implementation of shame sensitive practices across institutions working with survivors (Dolezal & Gibson, 2022). Clinical Psychologists should seek to consult and co-produce with women survivors, women's testimonies illustrated that shame can be mobilised through holding a feminist ideology, having a collective identity and engaging in political action. Co-production could occur through a variation of avenues including community projects such as awareness campaigns, peer led support groups, and support survivors to share lived experience testimonies with interdisciplinary training (i.e. police, social workers, nurses) (Kennedy et al., 2022).

Some women initial interpretations were influenced by rape myths or lack of knowledge around consent contributing to confusion, shame and self-blame. The findings indicate the importance of prevention workshops within education settings with a focus on topics such as; active and enthusiastic consent, defining what constitutes a USE or CSA and de-constructing rape myths. The workshops should be co-produced with survivors and incorporate shame sensitive principles to ensure the workshop does not replicate rape myths or place responsibility with women for preventing USE (Dolezal & Gibson, 2022).

Strengths and Limitations

Narrative Methodology

A notable strength of this study, was the novel research design and methodology utilised to explore psycho-social and linguistic features of shame within young adult women narratives of USE. The BNIM data collection method facilitated the production of rich contextualised biographical narratives, which enabled a dual exploration of intrapsychic and socio-cultural influences of shame. In addition, the approach facilitated the exploration of presence and transformation of shame throughout developmental stages of childhood, adolescence and early adulthood. An additional strength was the prolonged engagement with women; which included an initial phone or video call and conducting two interviews. This had the benefit of building trust, rapport and relational safety, which enabled more time for reflection on the content and process of interviews.

The BNIM is considered an ethically sensitive methodology, as it is an unstructured interviewing method which tries to address power imbalances by centring participant's voices (Mooney, 2020). This was considered a strength of the methodology within this project as the method created the context when enabled women who had previously felt silenced to reclaim their voice and take authorship of their life stories. Women who participated within the study described the process of sharing their life stories within the interview context as 'freeing and liberating', 'empowering' and 'shame reducing'. Towards the end of all women's narratives, they reflected a sense of pride in acknowledging their resilience, personal transformation and growth.

Whilst adopting a narrative and BNIM methodology had undoubtable strengths, there were also some limitations. This included the complexity of BNIM protocol for a novice researcher, particularly within sub-section two which provides detailed formulaic guidance of how this sub-section of the interview should be conducted which at times felt overwhelming and restrictive. In addition, at times during sub-section two, thoughts and feelings phrases were selected rather than events, whilst this is allowed within BNIM interviewing these phrases are less desired as may not lead to a particular incident narrative (PIN's) (Wengraf, 2004). Despite this, participants provided rich descriptions that still contained PIN's which was supplemented with rich reflections of their subjective experiences of these lived events. In addition, due to the ethically sensitive nature of the research and the possibility of eliciting shame through minimal response, the researcher took a slightly more active presence. Whilst my interactions were kept to a minimum as I was mindful not to assert direct influence over the construction

of women's narratives, due to the sensitive nature of the topic and adopting a shame sensitive practice approach I felt it was important that there was a sense of mutuality, and a process of reciprocal interaction and containment throughout the interview process (Dolezal & Gibson, 2022; DeYoung, 2015). Holloway & Jefferson (2012) described the importance of establishing a balance between detachment and empathy when conducting ethically sensitive interviews, and emphasised the importance of containment and compassion in enabling participants to think openly.

Analysis

A strength of this study was the research design which utilised a narrative psycho-social methodology, and combined personal and structural narrative analysis to facilitate the exploration of conscious and implicit shame following a USE. This supported the identification of shame which was contextualised within women's personal narratives and present within their identity constructions and social relationships over time and how this related to cultural metanarratives of gender norms, rape myths and emerging adulthood. In addition, the analysis enabled the exploration of the influence of shame on paralinguistic features and construction of narratives which has clinical utility. However, it is important to note that identifying shame is an interpretative process and can be subject to researchers own positionality, assumptions and biases (Finlay, 2002). Therefore, critical reflexivity was utilised through data collection and analytic processes including; the sharing of narrative segments and reflexive discussions with my supervisor, the consideration of alternative interpretations, deep engagement and application of existing shame theories and research. The triangulation of analytic methods strengthened the credibility of the findings by drawing together thematic and structural elements of women's stories.

The analysis phase was an in-depth and meticulous process which was time resource intensive for a single researcher (Reissman, 1993). For example, the analysis involved transitioning between thematic elements of women's macro life stories to micro analysis of linguistic features of smaller segments of stories to enable multi-layered interpretation. In addition, the transcribing phase involved detailed transcription of paralinguistic features of speech using elements of Jefferson Transcription System (Appendix H) in order to attend to pauses, intonation, and rate of speech, prosody, tone and emotionality within speech. Whilst there was considerable time spent immersed in the data through repeated listening, re-transcribing and interpretation of the linguistic features of speech, it would not have been possible to identify all paralinguistic features. The analysis was restricted to identification of

the paralinguistic features of shame, and did not analyse non-verbal cues such as body language and facial expressions. Therefore, future research could build upon this research by video recording interviews and analysis of the embodied features of shame.

Narrative methodology and BNIM of data collection seeks to gain in-depth insights into individual's subjective interpretations within historical bound socio-cultural context (Wengraf, 2004). A strength of this research is attenuation to idiosyncratic manifestations of shame, acknowledging the diversity, complexity and nuance within women's stories, which important implications for understanding the diverse presentations of shame following a USE (Dolezal, 2022b). However, this presented as a slight challenge within cross case analysis of women's stories given the distinctiveness of each women life story. Therefore, a balance was to be had between honouring individualised accounts and emphasising the differences of each women's life experiences in an effort to emphasise each individual women's voice and experience.

Sample and Recruitment

A strength of this research is the degree of heterogeneity within a small sample of participants, enabling the exploration of shame across contexts and capturing women's varied experiences (Reissman, 2008). This included variation in the characteristics of USE including age at the time of USE, age of disclosure and range of USE across the continuum (sexual harassment, coercive and pressurised sex, contact and non-contact sexual assault) and women's social identities. An additional strength of the research, was utilising the term 'unwanted sexual experiences', as it highlighted some of the complexities women experience when assigning labels to USE or CSA. Some women shared within their testimonies how they had grappled with the term and previously minimised their experiences which was at times was due to perceived deviations from 'ideal victim' and 'real rape' narratives (Burt, 1980; Christie, 1986). Whilst this terminology is contested by some feminists due to the possibility of the language diluting the severity of sexual violence and CSA (Kelly, 1988), it may have enabled some women to be able to come forward and share their testimony.

The diversity within the sample facilitated a richer and more nuanced understanding of the topic drawing on similarities and cultural differences, and how socio-cultural identity and overlapping systems of oppression influences women's meaning making and constructions of shame. Whilst diversity can contribute to analytic complexity, it avoids the oversimplification of women's experiences and enhances transferability to similar contexts (Patton, 2015).

The initial recruitment strategy was targeted to local universities organisations and societies, predominantly via a gatekeeper and formal networks. Whilst two participants were

recruited via the formal networks route there were several barriers to recruitment. This included the loss of contact with the gatekeeper, some reluctance to advertisement due to possible concerns about the sensitive nature of the topic, and further practical barriers such as finding appropriate platforms to advertise the study. Therefore, an ethics amendment was submitted and the recruitment strategy was expanded to include a survivor-led organisation called survivor's voices and recruitment via advertisement on social media. The inclusion criteria was also expanded to enable wider participation while remaining within the young adult range and also to enable participation for young women who wanted to share their narrative. Whilst the initial sampling was purposive the final recruitment strategy also utilised convenience sampling due to some of the challenges in recruitment. Therefore, the final recruitment strategy consisted of multiple recruitment strategies including the use of a gatekeeper, formal networks and advertisement of social media. Recruitment challenges for sensitive topics such as sexual violence and/or shame were anticipated and therefore the use of convenience sampling has the benefit of recruiting participants who met the inclusion criteria and were willing and felt able to share their story. Furthermore, having a sample of self-selecting participants may mean the findings are more representative of women who felt able to talk about their experiences and possibly experiencing less shame. As research indicates, experiencing higher levels of shame may be a contributing factor to non-disclosure (Negrao et al., 2005). Whilst, there was some variation within cultural diversity, the sample was predominantly White British. Women from other marginalised groups (LGBTQ+, other global majority cultures, non-English speaking or disabilities) may have experienced additional barriers accessing the research due to multiple sources of shame and oppression or a lack of access to technology.

Future Research

The findings indicate that shame and shame management strategies influences narrative coherence resulting in fragmented or disconnected storytelling, and narrative coherence may be indicative of shame processing and integration. A follow up research project could conduct a pre and post intervention study, focusing on shame processing and how this influences identity, narrative structure and coherence. Additionally, it would be helpful to explore gendered elements of shame within male's narratives of USE or CSA to explore the presence and function of shame management strategies on narrative structure.

The majority of research on rape myths have focused on adult sexual assault (Burt, 1980). However, the results indicates that rape myths or 'ideal victim' and 'real rape' narrative contributing to internalised shame and self-blame within childhood and adolescence.

Therefore, future research within this area would be beneficial. Several pathways to transforming shame have been identified including receiving compassion, reclaiming anger and the deconstruction of shame via rejection of societal shaming. There is limited research within this area therefore further research is needed and could explore the role of feminine anger or self-compassion in transforming shame.

The sample consisted of predominantly acquaintance USE, therefore future research could explore the presence of shame, self-blame and healing shame within intra-familial abuse to uncover similarities and differences within these populations. Some cultural diversity was present in the sample, however there was a lack of representation of women from marginalised groups (i.e. low-income backgrounds, LGBTQ+ community, girls with disabilities, racialised communities) who are at a high risk of sexual violence (Clayton et al., 2018). Further research is needed to explore shame within the context of socio-cultural identities to understand distinct impact and needs of these populations of women. To embed the research within the current socio-cultural context, future research could focus on shame and CSA online-facilitated abuse such as cyberstalking, online sexual harassment and revenge porn.

Research indicates that shame is difficult to articulate verbally, therefore future research could also incorporate creative methods to access shame (i.e. art, objects, poetry) to complement narrative interviews. Within the current research, one participant shared a screenplay she had written which she felt captured her experience of shame following the USE. This was not included within the analysis but highlighted how creative expressions may be an additional mode of accessing shame. It would also be beneficial for future research to include body language and non-verbal cues of shame, as suggested by other researchers (Lateef et al., 2023; McElvaney et al., 2022). The research design could have been improved by adopting a survivor-led community participatory action to further centralising the voices of women within all stages of the research. Therefore, future research should consult and liaise with survivors.

Reflexivity

"Work on shame can be challenging, not least because of the "slipperiness" of shame, which makes identifying, defining, and analysing this feeling a necessarily inexact science, but also because of the affective toll it may take on the researcher. Shame is, notoriously, a painful emotion, and a sustained engagement with shame—even if this is at an academic, scholarly "remove"—can leave one vulnerable, even hurt, in its wake." (Fischer, 2018).

The above quote captures the complexity and emotionality that sustained engagement with the topic of shame can elicit, which has been noted by other scholars (DeYoung, 2015; Sanderson, 2015). Intersubjectivity theorists propose that shame arises as a co-constructed affective state within the relational field (Orange, 2008), and when defended against can intensify within the relational dynamic contributing to withdrawal, disengagement or criticism (Womersley et al., 2011). Therefore, given the relational and contagious nature of shame, a crucial part of critical reflexivity was considering the possibility of shame arising in the intersubjective field in research interviews, supervision and engagement with women's narratives. Despite a researcher's best efforts an imbalance of power is inherent within the researcher-participant relationship, as shame is located and is often elicited within the context of differences of socio-cultural identities (i.e. race, age, socio-economic status, education) (Womersley et al., 2011). In line with BNIM suggestions, reflexivity was considered in relation to participant's and researcher's subjectivity (i.e. lived experiences, anxieties, defences, beliefs and identity) and how this may shape co-construction of interview context, data collection and analysis (Froggett & Wengraf, 2004; Holloway & Jefferson, 2012).

Within this research I occupied an insider and outside position (Dwyer & Buckle, 2009). Several aspects of my visible and known identity appeared to cultivate a safe space for women to articulate their experiences, this included my gender, age and my role as a trainee Clinical Psychologist and novice researcher perhaps reduced my expert position. Additionally, being a woman and within the emerging adulthood age range, there was perhaps an implicit recognition of challenges and transitions that occur within this age period (i.e. navigating intimate relationships, changing relationships with parents, and working towards building a career). Alongside, growing up within similar time period of survivor movement and societal emphasis on advocating for women's rights. Furthermore, I reflected on the parts of women's stories that resonated with my own such as experiences of sexual objectification and desire to support the next generation of women. Whilst I did not share my personal experiences with women, these similarities seemed to enable me to engage with women's and their stories with sensitivity and compassion. Whilst these similarities may have increased a sense of safety and reduced shame, the historical and societal context, and women lived experience of victim blaming and silencing, there was always a possibility of shame arising within the interviews. Which I will now reflect upon below:

During women's stories, I noticed a range of emotional responses such as anger, sadness, compassion and admiration which were additional sources of embodied data. As some women recounted some events they grappled or reflected on self-blame and shame, even within

the re-telling they appeared to be anticipating judgement such as providing lengthy explanations of their behaviour, and I wondered whether the expression of shame and self-blame was pre-empting judgement. I wondered whether the anticipation of judgement was perhaps a projection of critical gaze from internalised others and society? Within these moments, I noticed the urge to validate and reassure women that I believed them and did not think they were responsible. However, I did my best to maintain an empathetic stance and when it felt helpful offering supportive comments as I was mindful of not wanting to influence women's narratives, collude with shame or shut women down from sharing their stories. This really illuminated to me the difficulties women have in sharing their experiences, which even within the presence of other women there remained the anticipation of being judged or not believed. It was also important to be aware of how my beliefs that aligned within feminism may influence questions and responses within interviews, and interpretation with data analysis. During some women's interviews and analysis, I noticed I felt angry in response to stories of silencing, victim blaming and dismissal of sexual violence by authorities. Whilst, I did not respond to feelings of anger during the interview, it ignited curious regarding the source of anger – did it stem from my feminist beliefs and values of advocacy for social justice or was it anger that was disowned by women that could not currently be felt? Similarly, when I felt sadness in response to women's experiences of loneliness, isolation, rejection and abandonment, whilst this was a genuine empathetic response, I similarly wondered whether this sadness was disowned. I reflected on shame defences the allusive nature and hidden guises of shame, and how women's sadness may be indicative of chronic shame of misattunement and rejection from families and societies. This was often reflected within the repetition of particularly themes throughout some women's stories; of their family's silence, of feeling different to their peers, and of dealing with USE alone.

It was also important to reflect upon shame within supervision processes, we noticed how my own shame and defences was amplified within analysis and write-up of this thesis, that manifested as strong sense of responsibility and a detailed orientated harsh inner critic, feeding into my own sense as a researcher or not doing 'well enough', this at times rendered me lost in the detail and stuck within the analysis process. Equally, I felt a strong sense of responsibility to complete research with integrity and do justice in capturing women's experiences, we wondered whether this may have also reflected the sense of responsibility women felt following the USE. In supervision we reflected on the engagement with CSA and shame literature and my immersion within women's shame narratives and how this may have

ignited transference of shame. Within supervision, we worked together to notice and name when shame was in the intersubjective space (DeYoung, 2015).

I knew the research would be hugely rewarding and challenging in equal measures. However, I did not anticipate the learning and the range of emotions that would arise throughout the course of this research project. Whilst women's accounts were different, each testimony reflected wider systemic injustices, and the similarities in how women were silenced, shamed and blamed. This highlights how much more needs to be done to create systemic change and to increase female's sense of safety in the world. Lastly, I experienced a deep sense of compassion and admiration women's willingness and bravery in sharing their stories with me. I really hope I am able to represent their stories with respect and dignity.

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Appendices

Appendix A: Ethical Approval from University of Essex Ethics Committee 2

University of Essex ERAMS

11/10/2023

Miss Leah Simmons

Health and Social Care

University of Essex

Dear Leah,

Ethics Committee Decision

Application: ETH2223-1786

I am pleased to inform you that the research proposal entitled "Speaking shame: survivors stories of unwanted sexual experiences" has been reviewed on behalf of the Ethics Sub Committee 2, and, based on the information provided, it has been awarded a favourable opinion.

The application was awarded a favourable opinion subject to the following **conditions**:

Extensions and Amendments:

If you propose to introduce an amendment to the research after approval or extend the duration of the study, an amendment should be submitted in ERAMS for further approval in advance of the expiry date listed in the ethics application form. Please note that it is not possible to make any amendments, including extending the duration of the study, once the expiry date has passed.

Covid-19:

Please note that the current Government guidelines in relation to Covid-19 must be adhered to and are subject to change and it is your responsibility to keep yourself informed and bear in mind the possibility of change when planning your research. You will be kept informed if there are any changes in the University guidelines.

Yours sincerely,

Beverley Pascoe

Ethics ETH2223-1786: Miss Leah Simmons

This email was sent by the University of Essex Ethics Review Application and Management System (ERAMS).

Appendix B: Recruitment Flyer

Sharing your story of an unwanted sexual experience in childhood or adolescence

Hi, my name is Leah and I am a Trainee Clinical Psychologist at the University of Essex.

Research shows that feeling shame after an unwanted sexual experience in childhood or adolescence is a common experience for women. Prolonged experiences of shame can have a negative effect on an individual's sense of self and mental health and can prevent people from sharing their experiences or seeking support. I am interested in hearing women's stories following an unwanted sexual experience.

I am looking for young adult women, between the ages of 18 to 30 years old, who have had an unwanted sexual experience in childhood or adolescence.

An unwanted sexual experience includes non-contact sexual abuse such as verbal and technology-assisted abuse and contact sexual abuse.

If you would like to find out more about the study or would like to take part then please contact Leah Simmons (Trainee Clinical Psychologist) at lbsimm@essex.ac.uk

Participants will receive a £20 Amazon Voucher for compensation of their time a their valuable contributions to the research study

This research project has been granted ethical approval from the University of Essex Ethics Committee

Appendix C. Participant Information Sheet

Participant Information Sheet (General Public/Social Media)

Speaking Shame: Survivors Stories of Unwanted Sexual Experiences

My name is Leah Simmons and I am a Trainee Clinical Psychologist in the Department of Health and Social Care at the University of Essex. I would like to invite you to take part in a research study. Before you decide whether or not to take part, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information.

What is the purpose of the study?
This research project is completed as a part of the Doctorate in Clinical Psychology Programme at the University of Essex. This study will take place between October 2022 to April 2024.

Research has shown that feelings of shame can be common following an unwanted sexual experience. Experiences that trigger feelings of shame can often affect the way people view themselves and have a significant impact on people's sense of self, relationships and lives. I am interested in gaining an understanding of shame through the stories of young adult women who have had an unwanted sexual experience in childhood or adolescence. I hope to learn what can support women to share their stories and explore what can help to manage feelings of shame.

Why have I been invited to participate?
You were sent a flyer outlining this research project and you contacted the primary researcher as you decided you would like to take part in this study as you are a young adult woman, between the ages of eighteen and thirty, who has had an unwanted sexual experience that occurred during childhood and adolescence before the age of twenty.

You were recruited either via the University of Essex, social media or survivor organisations or networks, or you may be a member of the general public who saw the study and volunteered to take part in the project. The current study aims to interview fifteen to twenty young adult women.

Do I have to take part?
It is up to you to decide whether or not you wish to take part in this research study. If you do decide to take part you will be asked to provide written consent. You can withdraw from the study at any time; there will be no negative consequences if you do decide to withdraw and you do not have to give a reason. Should you wish to no longer be included in the study, please contact Leah Simmons at (lbsimm@essex.ac.uk) asking to withdraw your contributions to the research study.

What will happen to me if I take part?
If you decide to take participate in the research study you will be sent a copy of this information sheet and asked to sign a consent form. The researcher will initially contact you via telephone to provide an overview of the research,

answer any questions you may have and to discuss with you whether you feel able and comfortable to take part in the research. You will then be invited to attend two interviews. The first interview will consist of two sections. In the first section you will be asked to share your story as a survivor of an unwanted sexual experience**. You will not be directly asked to share details of the incident of the sexual abuse, you can share whatever information you feel comfortable and you can tell the researcher if you do not wish to answer any of the questions.** In the second part of the first interview, you will be asked follow up questions based on what you shared in the first part of the interview.

In the second part of the first interview, you will be asked follow up questions based on what you shared in the first part of the interview. You will then be invited to a second interview, during this interview I will ask you questions about the impact of the unwanted sexual experience, your experiences of talking about what happened with others, and I will also ask you to reflect on the experience of sharing your story during the interview process. You can also stop the interview at any time without providing a reason.

The interviews will take place either face to face in a room at University of Essex or by video conferencing using Microsoft Teams or Zoom depending on your preference. Each interview will last between fifty to seventy-five minutes and will be recorded.

Once you have completed your first interview, you will be eligible for a £20 Amazon voucher as recognition of your time and contribution to research. This voucher will be distributed via email by the University of Essex Finance Officer. With your consent the Finance Officer will be provided with your email address and first name to send you the voucher and for their record of payment. If you choose to withdraw from the research study, after your first interview, this will not affect you receiving your £20 Amazon Voucher.

What are the possible disadvantages and risks of taking part?
I hope that no harm will be caused to you by taking part in this study. However, the interview may focus on some emotive topics that could be upsetting for you. If you do become upset during the course of the interview, we can take a break and you can also withdraw your involvement from the research at any time. Please see below details of organisations and helplines should you need additional support following the interview.

National Helplines

Helplines that provide confidential support for people who are distressed
Samaritans Phone: 116 123 (free 24-hour helpline)
Website: www.samaritans.org.uk

The National Association for People Abused in Childhood (NAPAC) – is a UK wide support line who adults who have suffered abuse in childhood, which offers support and signposting to other services.

Helpline: 0808 801 0331 (Monday – Thursday 10am-9pm, Friday 10am-6pm)
Email: support@napac.org.uk
Website: www.napac.org.uk
Rape Crisis England and Wales – offers telephone support for people aged 16+who have been affected by sexual assault, rape, sexual harassment or childhood sexual abuse.

Freephone: 0808 500 2222 (Available 24/7 every day of the year)
Online chat via the website: https://247sexualabusesupport.org.uk/#live-chat
Website: www.rapecrisis.org.uk

The Survivors Trust - provides support, advice and signposting to survivors of sexual violence, sexual assault and childhood sexual abuse.

Helpline: 08088 010818
Text: 07860022956
LiveChat: Select the link within the below designated times for the live chat service: https://www.thesurvivorstrust.org/live-chat-service

Live Chat service times are:
Monday-Thursday 6pm-8pm
Sunday 5pm-8pm

Email: info@thesurvivorstrust.org
Website: https://www.thesurvivorstrust.org/ which contains signposting and resources.
The website has a page which can help you to find support within your local area https://www.thesurvivorstrust.org/find-support

If at any stage during the research process you would feel you would benefit from additional support or counselling. The primary researcher will support you find services within your local area.

What are the possible benefits of taking part?
Participating in this research will provide you with an opportunity to share your story. It could enable you to have a space to reflect on some of your experiences. However, I cannot guarantee any specific benefits to taking part in the current study. Sharing your story and experiences will also help to provide insights into the impact of unwanted sexual experiences and could help inform how best to support women who have been through similar experiences.

What information will be collected?
Some background information will be collected during the initial telephone conversation and at the start of the interview regarding some of the specific circumstances of the unwanted sexual experience, for example, how old you were at the time of the abuse, whether you felt able to tell anyone, who the perpetrator was, for example whether they were a family member, peer or

stranger. **You will not have to answer any questions you do not feel comfortable to.** Each interview session will be audio recorded on a Dictaphone. Any personally identifiable information will be anonymised for example a pseudonym will be given to each participant.

Will my information be kept confidential?
Yes, all the information you provide during the course of the research study will be kept confidential. However, if you share information which suggests that you or another person may be at current risk of harm, then I am legally obliged to share this information with an appropriate authority such as social services or the police. I would always try to inform you first before I share information with other organisations.

The only other exception is with your consent your email address and first name will be shared with the University of Essex Finance Officer to receive your £20 Amazon voucher.

All personally identifiable information will be anonymised, any names of people or places will be removed from the transcripts and only the primary researcher will have access to this information. Therefore, no one will be able to identify you in publication. Once the interviews have been transcribed the audio recording will be deleted.

All data that is collected from you will be handled in accordance with the Data Protection Act 1998. All information will be stored kept securely on systems at the University of Essex and on a password protected device. Your data will be kept for a period of ten years after the study, once ten years has passed your information will be erased from computers and any paper files will be destroyed.

What is the legal basis for using the data and who is the Data Controller?
The GDPR states that consent must be freely-given, specific, informed and unambiguous. This will be given by you signing the consent form should you wish to take part in the current study. The data controller for this study is the University of Essex and the University's Information Assurance Manager can be contacted on (dpo@essex.ac.uk).

What should I do if I want to take part?
Should you wish to take part in the study you can contact the primary researcher Leah Simmons (Trainee Clinical Psychologist) via lbsimm@essex.ac.uk.

What will happen to the results of the research study?
The results of this study will be used as a part of doctoral thesis deposited at the University of Essex. The researcher will intend to publish the results of the study within a journal article this means that the results will be available in the public domain. However, all results will be anonymised. A copy of the findings of the research will be made available to you should you to wish to have a copy.

Who has reviewed the study?
The University of Essex Ethics Committee 2 has reviewed and given ethical approval for this research project.

Concerns and Complaints
If you have any concerns about any aspect of the study or you have a complaint, in the first instance please contact the principal investigator of the project, Leah Simmons, using the contact details below. If are still concerned, you think your complaint has not been addressed to your satisfaction or you feel that you cannot approach the principal investigator, in the first instance please contact the Departmental Director of Research Professor Camille Cronin (e-mail: camille.cronin@essex.ac.uk) if you are still concerned following this you can contact the University Integrity Manager, Dr Mantalena Sotiriadou (me21994@essex.ac.uk).

Name of the Researcher/Research Team Members

Principle investigator:
Leah Simmons, Trainee Clinical Psychologist
lbsimm@essex.ac.uk

Research Supervisor:
Dr Danny Taggart, Lecturer School of Health and Social Care at the University of Essex:
dtaggart@essex.ac.uk

Appendix D. Participant Consent Form

Consent Form

Speaking Shame: Survivors Stories of Unwanted Sexual Experiences

Research Team: Leah Simmons (Trainee Clinical Psychologist) and Dr Danny Taggart (Clinical Psychologist)

Please initial box

1. I confirm that I have read and understand the Information Sheet for the above study. I have had an opportunity to consider the information, ask questions and have had these questions answered satisfactorily.

2. I understand that my participation is voluntary and that I am free to withdraw from the project at any time without giving any reason and without penalty. I understand that any data collected up to the point of my withdrawal will be destroyed.

3. I understand that whilst the researcher aims to minimise the risk of becoming upset, due focus of the research and the sensitive nature of the topics that may be discussed, I could find some of the interview upsetting. I can confirm that I been provided with support helplines available in the participant information sheet should I need them throughout my involvement in the study.

4. I am aware that the researcher has a duty of care to inform the responsible authorities should they be concerned that myself or someone else is at current risk of harm.

5. I am aware that the interviews will be recorded on a Dictaphone and the audio recording will be deleted once the data has been transcribed.

6. I understand that the identifiable data provided will be securely stored and accessible only to the members of the research team directly involved in the project, and that confidentiality will be maintained.

7. I understand that my first name and email address will be shared with the Finance Officer at the University of Essex in order to receive and confirm receipt of a £20 Amazon Voucher.

8. I give permission for the researcher to contact me with a brief overview of the results so I can provide my perspective on the research findings.

9. I understand that my fully anonymised data will be used for doctoral thesis, research conferences and could be published in a research journal.

10. I understand that the data collected about me will be used to support other research in the future, and may be shared anonymously with other researchers.

11. I give permission for the anonymised transcripts generated from my interview that I provide to be deposited in a research data repository so that they will be available for future research and learning activities by other individuals.

12. I agree to take part in the above study.

Participant Name	Date	Participant Signature
______________________	_________	______________________
Researcher Name	Date	Researcher Signature
______________________	_________	______________________

Appendix E. Guide for initial telephone/video contact

Check they have read participant information sheet.

Explain: I wanted to have an initial conversation with you to tell you a bit more about the research study and to have a discussion with you about how you would feel taking part in this research.

1. Do you feel you are in a place where you feel safe and able to discuss your experiences?
2. Have you previously spoken to someone about sexual abuse/sexual assault?
3. How do you feel your mental health has been since the experience?
4. Have you ever sought support to help you to cope with the experience?
5. How do you currently cope if you become upset when reminded of the experience?

Explain confidentiality and any limits to confidentiality.

Appendix F. Demographic Information Sheet

1. Age: ___________

2. Ethnicity: _____________________________

3. How old were you when the unwanted sexual experience happened?
   ____

4. How long did the abuse occur for? ______________________________________

5. Who was the perpetuator of the abuse? (You do not need to give names e.g. – family member, family friend, peer)

   ____

6. Have you ever told anyone about the unwanted sexual experience?

   Yes ☐ ☐ No

7. If so, who did you disclose the abuse to? (You do not need to give names e.g. – family member, family friend, peer)
   ____

8. Have you ever received any formal support following the unwanted sexual experience?

   ____
   ____
   ____

9. If so, what type of support did you receive?
   ____
   ____

Appendix G. Interview Schedule

Interview Schedule

First Interview

Reminder: As you know, I'm researching young adult women's experience of shame following unwanted sexual experiences.

1. SQUIN: "Please can you tell me the story [of your life as a survivor of an unwanted sexual experience], all the events and experiences that have been important to you personally; you can start wherever you like, I may take some notes just in case I have any questions after you have finished telling me your story.
2. Follow up narrative-pointed questions prompts: "Are there any other things you remember happening?" Does it make you think of anything else that has happened?" Was there anything else that happened that was important to you? Any other significant events, memories or interactions that stand out to you during this time?

Second Interview (Semi-structured interview)

Can you tell me what your experience was of sharing your story with me?

- *How did you feel after the interview?*
- *Did this experience change over time? (Immediately after the interview/the evening after the interview and how about the next day?)*
- *Were there any parts of the research interview that stood out for you (particularly memorable moments)? Why do you think these parts were significant?*

Reflecting on other experiences of sharing their story and responses (services, organisations and other relationships)

1. Can you tell me about a time when you had a difficult experience of sharing your story, what was that like? What did you notice about the experience/interaction?
2. Can you tell me about a time when you had a better experience/were treated with dignity and respect when sharing your story? What was that like, what did you notice about this experience/interaction?

If you have never spoken about the unwanted sexual experience, what do you feel has prevented them you sharing their story with others?

3. Since the unwanted sexual abuse has there been a time in your life where you have sought support from services (police/mental health support/counselling or therapy). If so, can you tell me about this experience?
4. Do you feel this unwanted sexual experience has had an impact on your mental health and wellbeing? If so, how do you feel it has impacted your mental health and wellbeing and how has this changed over time?
5. Do you feel this unwanted sexual experience has had an impact on your identity/sense of self/the way you view yourself? If so, how do you feel it has shaped your identity and how has this changed over time?

6. Do you feel this unwanted sexual experience has impact on your relationships? If so, how do you feel it has affected your relationships with (family/friends/romantic relationships/colleagues) and how has this changed over time?
7. Do you feel this experience has impacted your life? If so, what impacted has this experience had on you and how has this changed over time?
    - *Ability to reach your goals*
    - *Education and career*
    - *Your view of the future, your hopes and goals*
8. What are some of the significant challenges you have faced in your life following the unwanted sexual experience and how did you overcome them?
9. Since the unwanted sexual experience has there been times in your life when you have experienced a sense of pride or empowerment? If so, can you tell me about these experiences?
10. What would you describe as important milestones within your life following the unwanted sexual experience?
11. What would you describe as important moments or “turning points” in your healing journey?
12. How would you describe your life now?

Appendix G. Distress Protocol

<u>Prior to the interview</u>

- Inform participants that the interview is considering emotionally sensitive topics, meaning that aspects of the interview could be distressing.
- Make participants aware that the interview could potentially be distressing.
- Provide participants with the choice about the most comfortable environment for the setting of the interview this includes time and specific location such as face to face or online time and setting for the interview to take place (for example face to face or online).
- Arrange to have a conversation prior to the interview to discuss any questions participants have and encourage them to reflect on pros and cons of participating within the research study. Provide participants with a sufficient amount of time to reflect on their decision to participate in the research.
- Send participants the interview schedule prior to the interview so they are aware of the types of questions being asked and for them to identify if there are certain questions they do not feel comfortable answering. If participants do still want to participate but do not feel comfortable to answer certain questions then these questions or topics can be avoided within the interview.
- Provide participants with a list of organisations that could support them within the University (for students and staff members) and external support services. This will be included in the participant information sheet.

<u>At the interview</u>
(Before the interview)

- Ensure participants have read the participant information sheet and consent form and has had the opportunity to ask questions.
- Remind participants of confidentiality and limits. The researcher will explain anonymity and use of quotes within analysis.
- Ask whether participants have read the interview schedule and establish if they do not wish to be asked a certain question or would like to avoid a certain topic.
- Remind participants of their right to stop the interview or withdraw from the study at any time.
- Explore with participant what helps them if they become distressed and establish who the researcher should contact if they become distressed and need support.
- If participant shows signs of distress at the start of the interview. The researcher will discuss with the participant whether it would be important to postpone the interview.
- Ensure participant have what they need to feel comfortable (for example access to a drink of water).

During the interview

- If participant are describing the original trauma and is becoming distressed. Researcher should gently notice the emotion participant is experiencing using validating statements. Validation of emotion should support emotion regulation and allow an opportunity to gently redirect participant to talk more broadly about the impact of the experience rather than specific details of the original trauma. Researcher can ensure participants feel supported by

noticing how difficult it can be to talk about this topic and to only share what they feel safe and comfortable to disclose.

- If participants appear distressed in response to certain questions, remind them they do not have to answer any questions they do not want to and the researcher will move onto the next question.
- If participants discuss abuse that has not previously been reported. Thank participants for telling you, encourage them to disclose to someone they trust, remind them of my role as a researcher and remind them they can report to the police.
- If someone is at risk of immediate harm inform participants that you are have a duty of care to raise a safeguarding and report to relevant local authorities. Following the university of Essex safeguarding policy and procedures, which includes contacting the universities designated safeguarding officer to discuss disclosures and develop a plan of action which will include whether it is appropriate to raise a safeguarding and whether this will be investigated via the university or external services (e.g. police or social care). If the risk of harm is imminent then contact the Police. If a member of the general public, then a similar procedure will be followed, which would include informing participants of your duty of care and informing relevant supporting external agencies such as the police or social care if the participant or someone is at risk. The primary researcher will also contact their supervisor to inform them of disclosure and seek necessary advice and support.

If a participant becomes distressed during the interview:

- Offer participants a break in the interview, offer participants a drink and check with the person whether they would like a brief pause or whether they would like to stop the interview and continue at a later date. Check that their decision about continuing the interview has been made on the basis of their best interests.
- If participant want to continue then remind them they can stop the interview at any time.
- If a participant wants to stop the interview, remain with the person and ask what would help support them at this time and if the researcher could contact anyone.
- If the researcher is concerned they will explore risk with the person and develop a safety plan if necessary.
- Provide participant with a list of supporting organisations at the university and/or local support services that offer a range of immediate support or more long-term interventions.

At the end of the interview:

- Ask how the person is feeling (Check on participant's wellbeing and ask what they plan to after the interview/how they will look after themselves for the rest of the day if feeling upset.
- Provide participants will a list of supportive organizations at the university and/or local support services.
- Ask participants if they are comfortable for their transcript to be used and included within the research project.

Appendix H. Jefferson Transcription System

Symbol	Definition and use	Key(s)
[yeah] [okay]	Overlapping talk	
=	End of one TCU and beginning of next begin with no gap/pause in between (sometimes a slight overlap if there is speaker change). Can also be used when TCU continues on new line in transcript	
(.)	Brief interval, usually between 0.08 and 0.2 seconds	
(1.4)	Time (in absolute seconds) between end of a word and beginning of next. Alternative method: "none-one-thousand-two-one-thousand…": 0.2, 0.5, 0.7, 1.0 seconds, etc.	
Word Wo:rd	Underlining indicates emphasis Placement indicates which syllable(s) are emphasised Placement within word may also indicate timing/direction of pitch movement (later underlining may indicate location of pitch movement)	
wo::rd	Colon indicates prolonged vowel or consonant One or two colons common, three or more colons only in extreme cases.	
↑word ↓word	Marked shift in pitch, up (↑) or down (↓). Double arrows can be used with extreme pitch shifts.	↑ Wingdings 3 (104) ↓ Wingdings 3 (105) ↑ ALT+24 ↓ ALT+25
. , _ ¿ ?	Markers of final pitch direction at TCU boundary: Final falling intonation (.) Slight rising intonation (,) Level/flat intonation (_) Medium (falling-)rising intonation (¿) (a dip and a rise) Sharp rising intonation (?)	¿ ALT+168
WORD	Upper case indicates syllables or words louder than surrounding speech by the same speaker	
°word°	Degree sign indicate syllables or words distinctly quieter than surrounding speech by the same speaker	° ALT+248
<word	Pre-positioned left carat indicates a hurried start of a word, typically at TCU beginning	
word-	A dash indicates a cut-off. In phonetic terms this is typically a glottal stop	
>word<	Right/left carats indicate increased speaking rate (speeding up)	
<word>	Left/right carats indicate decreased speaking rate (slowing down)	
.hhh	Inbreath. Three letters indicate 'normal' duration. Longer or shorter inbreaths indicated with fewer or more letters.	
hhh whhord	Outbreath. Three letters indicate 'normal' duration. Longer or shorter inbreaths indicated with fewer or more letters. Can also indicate aspiration/breathiness if within a word (not laughter)	
w(h)ord	Indicates abrupt spurts of breathiness, as in laughing while talking	
£word£	Pound sign indicates smiley voice, or suppressed laughter	
#word#	Hash sign indicates creaky voice	
~word~	Tilde sign indicates shaky voice (as in crying)	
(word)	Parentheses indicate uncertain word; no plausible candidate if empty	
(( ))	Double parentheses contain analyst comments or descriptions	

Appendix I. Anonymised examples of questions asked within Sub-Section 2

Thank you for being so open and sharing that, any there particular moments or memories that stand out from what you have just said in relation ‘to keeping people at a distance’?

You started to speak a little bit about how it ‘impacted your later relationship with your boyfriend’. Can you tell me about some of the memories or events that stand out from that time?

I was curious about ‘not telling your mum and then having that conversation with her’, any memories or events that come to mind?

So you spoke about experiences of your culture, Asian culture, when it happened and your ‘dad didn’t speak to you directly about it’. Are there specific memories that come to mind when you are thinking about that?

Ok, thank you for sharing that, I wanted to ask you about, you mentioned that you shared with your parents would you be able to tell me a little bit more about that time?

You mentioned about your current relationship and how that's actually ‘quite different’. Would you mind saying a bit more about that?

And the next thing I wanted to ask was around you said ‘it impacted your communication in your relationship with your first boyfriend’. Can you tell me a little bit more about what happened there?

Thank you. I was curious a bit more about when you ‘went to the feminist society and created a poster’. What happened there and are there any events or interactions or memories that come to mind when thinking about that?

You spoke about the period when it happened in the March and then doing the research and not speaking about it until the October. Can we speak a little bit about that time and what happened during that process?

You remember ‘not understanding why this had happened to you, struggling to make sense of it and being angry at the world’. Can you tell me a bit more about that, any memories or situations that come to mind?

You also mentioned that it ‘impacted self-esteem in your late teenage years’. Would you mind telling me a bit more about that time?

I was curious about during the time ‘when your friend was really supportive and went with you’, are there any memories of around that time?

Appendix J. Extracts from Post-Interview Reflections

Post Interview Reflections

At the start of the interview, it seemed that she was anxious about how to begin to share her story so I provided reassurance to share her story in a way that felt most comfortable to her. The initial narrative contained multiple episodic narratives, that was at times difficult to follow as she moved from initial talking about the impact of abuse, the reactions of others and then moved to providing a brief overview of sexual assault, and then returning to responses to disclosure of her father and step-mother. She often made evaluative comments throughout her narrative as if she was actively trying to make sense of her experiences? She acknowledged her anger towards her step-mother for not protecting her but also appeared to be holding a compassionate narrative of the challenges her step-mother faced around immigration to the UK. It was also interesting when the she spoke about been told that the unwanted sexual experience 'was not her fault' and how she recognised it was not her fault but experienced shame around the actual experience, as within previous literature it discusses a lot about victims ongoing sense of responsibility and self-blame for what has happened to them.

Throughout the interview there was central theme of silence, shame and stigma that surrounded unwanted sexual experience, this was embedded in cultural narratives that participant spoke about in relation her experiences of South Asian culture, in not talking directly about difficult and taboo topics such as unwanted sexual experiences, not discussing emotions or difficult experiences. She had a moment of realisation within the interview when discussing not going to court following the reporting of the unwanted sexual experience, it seemed to be a moment of shock when she realised potentially her step-mum may have lied to her father about her saying she did not want to go to court. I felt a lot of sadness for her when she was sharing her story as I listened to multiple difficult experiences, she had been through throughout her childhood. Whilst remembering my role as a researcher I felt it was important at times to show empathy through active listening, validating and reflecting back how difficult that experience must have been for her, as I wanted to ensure that she felt that it was a supportive environment for sharing her story. Other salient themes that came through within the interview were central on intergenerational experiences of women within South Asian culture being at risk of being harmed or mistreated by men, this was present in the story of sharing her experience with her step-mum and also her step-mum encouraging her to wait outside of her sister's Koranic lesson to ensure that she is also not vulnerable to experiencing harm. I noticed within the interview there was a lot of reference to shame explicitly which is different to what has been identified within previous research articles on shame and I wondered whether this was because participants were aware of the research aims of exploring shame, this acknowledgement and naming of shame made it easy to speak about shame out loud. The second part of the interview focused on drawing themes from her initial narrative around her father silence following the unwanted sexual experience, her reference to not talking about emotions within her culture, impact it had on her relationship with boys and intimacy, not feeling safe in her body and expanding on story of her step-mum's response to her disclosure, which did give rise to some particular incident narratives and some overall cultural narratives.

Appendix K. Extracts from Reflexive Diary for Analysis

Stage 3: Interpreting Individual Transcripts (Narrative Development of Themes)

The participant positions the start of their story within feminist framework, and orientates me to her positioning as a feminist, and tells multiple stories of repeated sexual harassment throughout adolescence, it seems that she experienced a lot of shame at the time of the unwanted sexual experiences, which has now translated into anger about what happened to her, which is reflected on stories of resistances against violence against female which reflects her feminist beliefs. There is a lot of content in relation to feminine and masculine norms, and how this are harmful within adolescent context of growing up and how this can impact mental health. A lot of reference to toxic masculinity, and throughout her life being targeted by men and experiencing sexual harassment, which she later spoke about contributing to paranoia, which reflected themes of being watched, feeling trapped, objectified, it makes sense that someone may begin to experience hypervigilance. I wonder if this is a common experience for women?

A lot of narratives within this account reflect being sexualised at a young age, the removal of childhood innocence which impacted on her sense of self and identity growing up in adolescence, and how body changing and being viewed as a sexual object through male gaze, is a shaming experience, this coupled with an unwanted sexual experience contributed to more than transient shame, but seems to contribute to more chronic shame, and later in the narrative she describes shame anxiety, avoidance of boys and further shaming herself for the impact it had on her mental health contributing to internal shame spirals. Chronic shame is the organisation of behaviour, anticipating shaming from others, which is reflected in multiple episodic narratives throughout her full narrative account.

Important to think about the link between fear and shame, whether this is this shame anxiety? As at the time of the assaults described experience anxiety and shame? Fear of being harmed, shame fear of being interpersonally harmed?

Some degree of culturally 'normal' shame within adolescence around sexuality and puberty, and talking to others about sex. Harmful masculine and femine norms present within adolescence and behaving in sexual way, men pursuing girls, leading to unwanted sexual experience, and women feeling pressure to conform to "popular" vs "reserved" identity. Sexual harassment distorted her self-image, and not how she wanted to see herself "unwanted identity".

Within the narrative, there is a shift between shame and anger/empowerment and stories of resistance. Narrative of wanting to protect other women from the same experiences she had as a child, compassion to other women's suffering.

Spoken a lot about moving from a less to a more powerful position, from being 'preyed' on by men, to finding ways she is able to feel more powerful and defend herself, and protect others. The link between fear and shame appears to be anxiety about the anticipation of shame.

Didn't realise the impact until she was older, maybe too young to make sense of the experiences?

Speaks about a transition from shame to empowerment/stories of resistance – kickboxing, calling out a man and being assertive, all methods of agency and mobilisation.

Shame at the time of the assault feeling powerless, trapped and unable to get away, social positions of the perpetrators, being in positions of popularity, if she would have said anything would have gone against her. Also, fear of victim blaming, being judged if she was to tell anyone or disclose what happened would be called derogatory terms.

Lots of reference to embodied shame – 'weight on my shoulders', 'head down', 'looking down', 'unable to speak'

Narrative around being sexually harassed when walking past a car, descriptions of being there within the moment, vivid details about what was happening, narrative transportation, what's happening inside her body and what others might be saying, evidence of internal and external shame, shame is explicit within this segment. All about being judged and degraded within the eyes of another.

Impact on confidence and self-esteem, self-criticism. Shame about experiencing shame – "I am weak", "I am stupid".

Silence around not being aware but also not feeling comfortable to talk to parents and therapists about sexual harassment. This led to both therapists and mum being confused about what the cause of the problem was and searching for an answer that made sense. Shame is hidden?

Relationship with partner, she was initially suspicious and untrusting because she felt vulnerable and unsafe because of past experiences, but now feels safe within their current relationship and he supported her to feel safe and comfortable

Empowered through sharing experiences with others, inspiring hope in others, and normalising experiences.

Normalisation and understanding of socio-cultural aspects and that it was not personal helped to reduce shame, offering validation, self-compassion and connecting with suffering, externalising the experience from sense of self.

Appendix L. Extract of Interpreting Individual Transcripts

Participant 4					
Interview 1					
Stories	**Quotes**	**Characters**	**Themes**	**Form/Structure**	**Dialogical/Positioning/Multi-Voiced**
Story 1 – Starting College and Meeting her Ex-boyfriend	Ummm I mean, uhh *[sigh]* it w- It's difficult to know where to begin really *[High Pitch]* so it was the f-first guy I dated in college. The only guy I dated in college really, ummm, (.) I was - left school quite a flirty person, and, yeah that was just who I was, and I ended up - started to - I. I was, was friends with this guy for a couple of months when I started we were in - a couple of the same classes, and he was, … he seemed like a nice person. It was just … we had a lot of flirty banter and I was used to having flirty banter cuz that's what I always had with guys and (.) (>) er everyone thought, (>) I was a - probably thought I was a bit of a slut but I wasn't to be honest, I was still a **virgin**↑. I was just,, flirty and I liked flirty and I liked doing all that. Erm (.) and then obviously I started getting involved with this guy↑ *[Surprised tone]* and he (.) at first was **lovely**, used to go around his, it was quite cool at the time we were sixteen, he didn't live with his parents. He lived with his two older brothers. Errr, his parents were - He didn't know who his dad was. His mom was (.) awail. No idea where she was at the time, so it was quite cool 'cause there was no parent supervision. His brother seemed (.) like (.) they didn't care that we were there and everything, so (.) yeah, so we were just two sixteen year olds having fun and it soon became (<) not so fun. (<) Err, we had obviously talked about having sex and (2) I was a bit, (.) I was bit hesitant. Er, I went to a Catholic school. I was - they're were a bit strange in Catholic schools with umm with sexual health education. We didn't really have it↑, (>) so I was always a bit, uh-oh, (>) I don't know if I should or I shouldn't, I don't (2) quite know … Erm	**Herself** – • flirty person • ambivalent about having sex **Perpetrator** – • Boyfriend at college. Seen as 'cool', no parental supervision, lived with older brothers. • He had absent father and mother away.	First & Only Guy Dated in College Identity as a "Flirty Person" & Happy Flirty Banter – "Young Love" Aware of External Judgements of Others about being Flirty (**Interpersonal: External shame)** **Cultural – 'Young love' & Adolescence** being young and in love, no parental supervision and viewing that as cool. **Coming of Age Narrative** **Shattered Assumptions of Young Love** **Spoiled Adolescence** **Cultural –** Went to Catholic School Religious Rules around Sex and Virginity Madonna's Whore complex Views of Sexuality and of Women being flirty, expressing sexuality means other people may view them as a '**slut**'. **Internalised Oppression and ideas about how 'women should be'** **Structural – References to Religion/The catholic church** Catholic church, shame within organisations secrecy and not talking about sex, no sexual health education. Interesting link to religion following talking about virgins and sluts and how this narrative may also been internalised from religion.	***Past*** ***Orientation -*** ***Sixteen years old leaving school and starting college*** **Language:** emphasis on the only guy, counter to people's perceptions of her as a slut seemed like a nice person – unknowing of the danger **Syntax** Self-interruption and unfinished sentences **Tone:** Awkward/Flat? **Genre:** Adolescence/Romance/Young love/Coming of Age to impending doom. Genre: Romance – Tragedy - **Shattered Assumptions of Young Love** **Narrative Devices:** Narrative transportation Sense of Impeding Doom **Language:** Contrast between 'slut' and 'virgin'. 'Madonna whore' binary of women's positioning. Narrative Tone: Optimistic Tone to Pessimist Halting Intonation Hesitation (Represents Internal Hesitation) Internal Dialogue/Stream of Consciousness	Construction of identity round being a 'Flirty' and Happy person Juxtaposition between the internal view of the self (Flirty) and external views/judgement (Slut) Playful & Innocent View of the Self & Harsh Critic of Others **External Shame** **Internalised Voice of Religion:** Catholic Church & Rules Around Losing Virginity – "Should" or "Shouldn't" **Internalised Oppression and ideas** about how "Women should be"– Pure or a Slut

Appendix M. Reflexivity on Structural Features of Narratives

Participant 1

There is repetition of the word 'almost' which perhaps serves as a function to minimise experiences? Almost had to wear a mask, almost paralysed, almost very traumatic and almost exploding (emotions). And in relation to keeping others at a distance almost like I am absent, ambivalence within desire to protect herself and desire for closeness, and almost to display partial conscious/unconscious awareness of dissociation and withdrawal. Avoidance of using term sexual abuse – sort of activity like this.

The use of "just" when talking about the impact of sexual assault – just woke up a lot of feelings inside of me, physically, emotionally and sexually. The use of just may reflect minimisations of emotions just initial reject, rage, anger, frustration. Minimisation of emotions linked to disconnection/distancing narratives?

Participant 2

Internal Questioning: self-questioning and self-shaming about disclosure to peers when she was younger self-disgust. It's not even anything it is just a kiss? What is that? Minimising her experience. How do I share it with someone, and will they think I am stupid?

External Questioning: shame in response to questions for peers "when was your first kiss", and judgement from step-mum – we get on with it, so what? Shaming question, minimising her feelings, and punishment from her step-mum for telling her teacher – what will others think, what will others think? fear of judgement from partners how will they look at me, will they think less of me? I am impure? Maybe they will want me if I am intimate (self-objectification).

You/Should Statements: Should and you represent internalised statements from others and culture. You also represent possible distancing from sexual abuse, and generalisation in relation to women within South Asian/Pakistan culture.

Should: Internalised external shame and cultural norms, internalisation of her step-mothers voice – you should expect this from men (rape myth: men cannot control their urges/you should be quiet/you should bare and sustain the harm and hope it makes you stronger cultural norm of endurance)

Laughter: Different functions of laughter including disbelief/sadness, mixing up her words (shame in interview), laughter to cover up pain/sadness linked to early abandonment and rejection possibly because she had to hide her emotions growing up/covering up her emotions in the interview.

Intensifiers: lots of intensifiers around emotions, really disconnected, very different to others, really alienated, very different ashamed, really a sense of rejection, really shameful, really vulnerable, really internalised, repetition of really when talking about intimacy, disclosing to partner very emotional, really don't talk about anything, you really don't have a voice, very stressful, very difficult to trust men, very around intimacy and trust, really quiet, very introverted, very confused, really objectified, very empowered, therapist really opened my eyes, really validating, really proud of myself, really feeling at peace with my identity

Imagery: Contamination: Umm, and then that shame came in where I would go bathroom after and °wash my face° [Quieter tone] and get on with it. Umm and it was really kind of, the s- URGH! Talking about the shame [Laughs] (.hhh). Impure

Maybe: making interpretations and hypothesis about events and reasoning, attempting to make causal coherence, maybe disclosed to peers because she wanted attention, possibly intellectualising experiences as a way to distance from emotions or desperate to seek answers to find out what's wrong

with her? Maybe because I want attention and to be understood, maybe it was some disgust in myself when I disclosed, maybe they will want me if I am intimate, maybe confused and out of it because my parents knew and I didn't, maybe even proud.

When comparing participant 1 and participant 2's narratives, participant 1 seems to use more qualifiers and minimisation and dismissal of emotions, high frequency of the use of almost and just. Whereas participant 2 expressed more intensifiers for emotions, however these were still present for participant 1.

Appendix N. Developing Chronology of Significant Live Events

Participant 4

Critical Event: Meeting Partner **(16 years old)**
Ongoing Emotional and Sexual Abuse: (Over Two-Year Period) • Repeated Shaming Experiences (Partner and Brothers) • Seizure at the Party • Going into Hospital • Physical hurt from Partner • Decision to Leave • 18th Birthday
Coping with the Aftermath of the Experience: • Isolated from most friends • Isolating Self from Men
Turning Point: • Went to University • Reclaiming of Identity • Feeling more in control of sex • Dating
Transition: • Went back home after university • New Relationship
Turning point: • Decision to Move • Getting a Job • Buying a House • Meeting New Partner
Turning Point: • COVID-19 • Struggling with Mental Health & Sought Therapy • Telling Friend • Disclosing to Partner
Current Struggles/Future Transitions: • Lasting Impact of Abuse on Shame around Sex and Body Dysmorphia • Content with Current Life